

**DID YOU REMEMBER TO:**

- Provide all required information on your Application?
- Sign and date it?
- Include your payment?

Detach the application and place it in an envelope and mail to:

**CSEA Insurance Plans**  
**P.O. Box 418131**  
**Kansas City, MO**  
**64141-8131**

**CSEA:  
COMMITTED TO YOUR WELL-BEING**

Dear CSEA Member,

Your continuing membership opens the door to valuable services designed to protect you and your family. One example is the Vision Service Plan. You can read about and enroll for it using this brochure.

In this brochure you can learn how you can take advantage of valuable vision care at low group rates. Generally, these are well below what you would pay on your own for this essential coverage for yourself and your family.

To enroll, simply complete and tear off the attached form. If you would like more information, call the plan administrator, Forrest T. Jones & Company (FTJ) at (888) 316-8785 from 6 a.m. to 3 p.m. or the plan agent, United Insurance Partners (UIP) at (833) 426-2732 from 8 a.m. to 5 p.m. Monday through Friday Pacific time.



**About Our Role and Compensation**

In this transaction, United Insurance Partners (UIP) is acting as the exclusive insurance agent and Forrest T. Jones & Company (FTJ) is acting as the program administrator for VSP (insurer) for this type of coverage and not as your insurance agent. As the agent and the administrator for the insurer, UIP and FTJ may provide these services: billing, marketing, customer administration, and claim servicing and communications. In accordance with industry custom, we are compensated through commissions that are calculated as a percentage of the premiums charged by the insurers. We may also receive additional compensation that is based on volume, profitability, and other factors. This compensation may include payment from insurers for marketing related expenses or investments in technology. Our compensation may vary depending on the type of insurance purchased and the insurer selected. If you would like additional information about our compensation, please refer to: [www.cseabenefits.com/disclosure](http://www.cseabenefits.com/disclosure).

**UIP** United Insurance Partners  
 CSEA MEMBER BENEFIT PROVIDER

**Program Agent:**  
 United Insurance Partners,  
 UIP Insurance Services LLC  
 CA Ins. License #0252636  
 (833) 426-2732

**Program Administered by:**  
 Forrest T. Jones & Company  
 CA Ins. License #0592939  
 (888) 316-8785 or (800) 821-7303



**Vision Care Plan for  
Active and Retired  
CSEA Members**



**Member only  
savings**



To find out more about how CSEA works, what services you receive and how your voice matters, **visit us at [csea.com](http://csea.com)** or call Member Benefits at **(866) 487-2732**



CSEA is pleased to sponsor a vision care option from Vision Service Plan (VSP). This plan is designed for our members who are not eligible for group coverage through their district or who are retired. With more than 24,000 network doctors, the plan provides exams, eyeglasses lenses or contact lenses every 12 months and frames every 24 months with nominal copayments.

These plans take advantage of our collective buying power as an association to obtain vision care coverage at more competitive rates than members can arrange individually.

### BENEFITS OF ENROLLING IN VSP

- **Value and Savings.** You'll get great benefits on your exam and eyewear at an affordable price.
- **Personalized Care.** You'll get quality care that focuses on your eyes and overall wellness through a WellVision Exam from a VSP doctor. When you see a VSP doctor, you'll get the most out of your benefit and have lower out-of-pocket costs. Plus, with a VSP doctor, your satisfaction is guaranteed – if you're not 100% happy, we'll make it right.
- **Great Eyewear.** Choose the eyewear that's right for you and your budget. Choose from brands like Calvin Klein, Nautica, Nine West and Nike.
- **Choice of Providers.** With open access to see any eyecare provider, you can see the one who's right for you. Choose a VSP doctor or any other provider.

### USING THE VSP BENEFIT

- Find an eyecare provider who is right for you. To find a VSP doctor, visit [vsp.com](http://vsp.com) or call **800.877.7195**
- Review your benefit information. Visit [vsp.com](http://vsp.com) to review your plan coverage before your appointment.
- When making your appointment, tell them you have VSP. There's no ID card necessary.
- There are no claim forms to complete when seeing a VSP doctor.

### Your VSP Vision Benefits Summary Doctor Network: VSP Choice

	Monthly Rates
<b>Member Only</b>	<b>\$13.14</b>
<b>Member + One</b>	<b>\$20.08</b>
<b>Member + Family</b>	<b>\$28.78</b>

VISION SERVICE PLAN (VSP)	Your coverage (when visiting a VSP Choice network doctor)	Your copayment
<b>Exam</b>	Every 12 months	\$20
<b>Prescription Glasses</b>		
<b>Lenses</b> (single vision, lined bifocal and lined trifocal)	Every 12 months	
<b>Frames</b> (frame of your choice, covered up to \$130. Plus 20% off any out-of-pocket costs.)	Every 24 months	\$25 (Prescription glasses)
<b>Contact lenses*</b>	Every 12 months	No copayment

\*When you choose contacts instead of glasses, your \$130 allowance applies to the cost of your lenses. Up to \$60 copay applies to the contact lens fitting and evaluation. If you choose contact lenses, you will be eligible for a frame 12 months from the date the contact lenses were obtained.

Visit [cseabenefits.com](http://cseabenefits.com) for more details on your vision benefits and for exclusive savings and promotions for VSP members or call us today at (833) 426-2732.

## CSEA VISION CARE PLAN

- 1. I am enrolling:**  Myself Only  
 Myself + One  
 Myself + Family

### List only the individuals who are to be insured below

Name:    SS#   
Last First Middle Initial

Address:     
City State Zip

Date of Birth:   Male  Female

Telephone:

Spouse:    SS#   
Last First Middle Initial

Date of Birth:   Male  Female

If you have more children, enclose information on a separate sheet of paper. Child must be under the age 26.

Child:    SS#   
Last First Middle Initial

Date of Birth:   Male  Female

Child:    SS#   
Last First Middle Initial

Date of Birth:   Male  Female

### 2. Select Payment Option:

- Annual Check** – Enclosed is my annual payment made payable to: Forrest T. Jones & Company  
 **Monthly Electronic Funds Transfer (EFT)** – If you select this option be sure to include a check for your first monthly premium payment as well as a voided check as explained below.

I request and authorize Forrest T. Jones & Company, to make monthly withdrawals against the account specified on the attached voided check and such bank to process these withdrawals as if I had signed them, for the purpose of collecting premium contributions due under this CSEA Vision Care Plan.

(Enclose a VOIDED check.)

**X**    
Authorized Signature for Automatic Deductions Date

**3.** I accept the coverage/insurance benefits provided by this group vision plan and authorize the processing of my enrollment in the vision plan. I authorize any participating vision office to release vision records and billing information concerning me or my dependents to VSP for purposes of plan administration.

**4.** I understand that I must be a member in good standing at CSEA in order to apply for and retain this coverage and that verification of my membership is hereby authorized.

**X**    
Member Signature Date

Please send completed Application to:  
CSEA Insurance Plans P.O. Box 418131 Kansas City, MO 64141-8131

