

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.

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



Exclusively for members of the California School Employees Association

About Our Role and Compensation

Dear CSEA Member,

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

UIP United Insurance Partners
CSEA MEMBER BENEFITS INSURANCE 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

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vsp VISION.

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

THROUGH VSP

UIP United Insurance Partners



Exclusively for members of the California School Employees Association



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 co-payments. 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 eye wear 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 eye wear 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 eye care 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 eye care provider who is right for you. To find a VSP doctor, visit vsp.com or call 800.877.7195
- Review your benefit information. Visit 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
Member Only	\$13.04
Member + One	\$19.91
Member + Family	\$28.56

VISION SERVICE PLAN (VSP)	Monthly Rates (when visiting a VSP Choice network doctor)	Your co-payment
Exam	Every 12 months	\$20.00
Prescription Glasses Lenses (single vision, lined bifocal and lined trifocal).	Every 12 months	\$25 (Prescription glasses)
Prescription Frames (frame of your choice, covered up to \$180.* Plus 20% off any out-of-pocket costs.)	Every 24 months	
Contact lenses*	Every 12 months	No co-payment
NEW LightCare Enhancement	Just because your eyes don't need prescription glasses doesn't mean they don't need care. Our LightCare Enhancement allows you to use your frame/lens allowance for blue light filtering glasses or sunglasses.	

*When you choose contacts instead of glasses, a \$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 for more details on your Vision benefits and for exclusive savings and promotions for CSEA members or call us today at (833) 426-2732

CSEA VISION CARE PLAN

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

List only the individuals who are to be insured below:

First Name	Last Name	Middle Initial	SSN
Address (Street, City, State, Zip)			
Date of Birth:	<input type="checkbox"/> Male <input type="checkbox"/> Female		

If you have more children, enclose information on a sheet of paper. Child must be under 26 years old.

CHILD 1'S INFORMATION (if applicable)

First Name	Last Name	Middle Initial	SSN
Date of Birth:	<input type="checkbox"/> Male <input type="checkbox"/> Female		

CHILD 2'S INFORMATION (if applicable)

First Name	Last Name	Middle Initial	SSN
Date of Birth:	<input type="checkbox"/> Male <input type="checkbox"/> 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