



APPLICATION FOR GROUP COVERAGE: MESVision

Group Applicant			
Full Legal Name of Employer/Group:		SIC:	
Group Contact:		E-mail Address:	
Address (Street):		Telephone:	
City:		State:	Zip Code:
Legal Entity: <input type="checkbox"/> Corporation <input type="checkbox"/> S-Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other:			
Nature of Business:			
Subsidiaries or Affiliates to be insured: <input type="checkbox"/> No <input type="checkbox"/> Yes, Full Legal Name(s):			
1.			
2.			
Coverage Requested			
<i>(Benefit Frequency, Frame Allowance, Contact Lens Allowance)</i>		2. Requested Effective Date:	
1. Plan:			
3. Number of Eligible employees:		4. Number of employees enrolling:	
5. Number of Eligible dependents:		6. Number of dependents enrolling:	
7. Waiting Period: Initial Employees: <input type="checkbox"/> None Future Employees: <input type="checkbox"/> One Month <input type="checkbox"/> Other:			
8. Employer Contribution: % Employee / % Dependents			
9. All or part of this insurance will replace similar coverage: <input type="checkbox"/> No <input type="checkbox"/> Yes, please submit copies of the policy(ies) and/or certificate(s)			
Prior Carrier		Coverage	Termination Date
10. Initial premium deposit: Minimum First Month Premium, Plus \$ _____ Enrollment Fee. TOTAL REMITTED: \$ _____			
Agreement			
<p>To the best of our knowledge and belief, all information on this application is true and complete. If the application is not complete, AAQHC, An Administrator, reserves the right to reject it and notify in writing. We understand that no coverage will be effective before the date determined by AAQHC, An Administrator, and only if we have paid our first month's contribution plus AAQHC dues and fees.</p>			
Authorization			
Dated at:	(City)	(State)	This (Month) (Day) (Year)
Witness (Licensed Broker/Agent)		By (Authorized Signature)	
Print Broker/Agent Name		Print Name	
Broker/Agent License Number		Title	