

CBIA Eyewear Savings Plan

Provided by EyeMed Vision Care

ENROLLMENT FORM



It's easy to enroll!

1. Complete the information about your company in the space below.
2. Sign and date the enrollment form.
3. List the full names of all employees to be enrolled. (Please type on the reverse of this form or attach as a typed list. Please attached a separate list for employees joining the Occupational Safety Eyewear program.)
4. Enclose one company check payable to CBIA-SC or complete the company credit card information below. The amount equals the number of enrolled employee families x \$12.
5. Mail form to: CBIA Eyewear, 350 Church Street, Hartford, CT 06103-1126
6. This eyewear membership period ends January 31, 2013.
7. You should receive your employees' identification cards prior to your start date in the plan. Employees should keep these cards as proof of membership until new cards are provided.

Send in your enrollment today and you'll be participating in just a few weeks.

Enclose Names of All Participating Employees
(Please type the names on the reverse side or attach your printed list.)

Company: _____

CBIA membership #: _____

Mailing address: _____

City: _____ State: _____ ZIP: _____

Benefits contact person: _____

E-mail address: _____

Phone: _____

Employee families participating: _____ x \$12 = \$ _____

I will also have employees participating in the Occupational Safety Eyewear Program. A list of those employees is attached.

Payment method: Company check MC VISA AMEX

Please charge this card for all current & future enrollments in the 2012 plan year Yes No

Credit Card #: _____ Exp. date: _____

Authorized signature: _____ Date: _____

Mail completed form and payment in full to:
CBIA Eyewear, 350 Church Street, Hartford, CT 06103-1126



PHONE 860-244-1900



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