



Request for Vision Proposal

To receive a proposal, please fill out the information requested below.

▶ Step 1: Tell us about you.

Broker Company: _____ Broker Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Email: _____

Phone # _____ Ext. _____ Fax # _____ Date: _____

▶ Step 2: Tell us about your client.

Group Name: _____ Desired Effective Date: _____

Address: _____

Other Locations: _____

Total # Eligible Employees: _____ Employer Contribution for Employees: _____% Employer Contribution for Dependents: _____%

Current Vision Plan Information:

Current Coverage: Yes: No: Current Vision Carrier: _____

Vision Plan Effective Date: _____ Current Medical Carrier: _____

Current Plan Rates: EE Only: _____ EE + Spouse: _____ EE + Family: _____ EE + Child/ren: _____

▶ Step 3: Tell us what you need.

Employer Paid: Self-Funded: Voluntary: Eyewear Only: Proposal Due By: _____

Deductible: \$0 \$10 \$25 \$10/\$25 Other: _____

Plan Design Exam every 12 Months/ Lenses every 12 Months/ Frames every 12 Months Exam every 12 Months/ Lenses every 12 Months/ Frames every 24 Months

Exam every 12 Months/ Lenses every 24 Months/ Frames every 24 Months Materials only: Lenses every 12 Months/ Frames every 24 Months

Requested Frame Allowance Amount: \$ _____

Special Instructions: _____

Clarifying your vision care options.

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