PRESBYTERIAN
Insurance Company, Inc.

Clear Vision by Presbyterian

Fully Insured Small Group Employer Group
Application and Agreement

Complete and Return This Form	
By Fax: (505) 923-8225	By Mail: Clear Vision by Presbyterian P.O. Box 26268, Albuquerque, NM 87125

Clear Vision Plan Selection (select one)	
Core	**Classic**
☐ $0.97 PMPM with 100% Employer Contribution	☐ $3.31 PMPM with 100% Employer Contribution
☐ $1.13 PMPM with 50% Employer Contribution	☐ $3.93 PMPM with 50% Employer Contribution
☐ $1.21 PMPM with 25% Employer Contribution	☐ $4.24 PMPM with 25% Employer Contribution
☐ $1.28 PMPM with No Employer Contribution	☐ $4.55 PMPM with No Employer Contribution
Complete	**Signature**
☐ $5.22 PMPM with 100% Employer Contribution	☐ $7.04 PMPM with 100% Employer Contribution
☐ $6.22 PMPM with 50% Employer Contribution	☐ $8.40 PMPM with 50% Employer Contribution
☐ $6.72 PMPM with 25% Employer Contribution	☐ $9.07 PMPM with 25% Employer Contribution
☐ $7.22 PMPM with No Employer Contribution	☐ $9.76 PMPM with No Employer Contribution

Employer Group Information			
Requested Effective Date (mm/dd/yyyy)			
Group Name		Tax ID Number	
Group Legal Name (if different than above)			
Is this company affiliated with any other companies? ☐ Yes ☐ No If yes, affiliation's name:			
Employer Group Contact Information			
Group Contact Name	Group Contact Title	Billing Contact Name	Billing Contact Title
Group Contact Phone		Billing Contact Name	
Group Contact Email		Billing Contact Email	
Group Physical Address (no P.O. Boxes)			
City, State, Zip		County	
Group Billing Address (if different from physical address)			
City, State, Zip		County	

Eligibility

Waiting Period

- ☐ Date of hire
- ☐ First of the month following the date of hire
- ☐ First of the month following 30 days of employment
- ☐ First of the month following 60 days of employment
- ☐ Effective on the 91st date of employment

Eligibility

1. Does the employer wish to waive the waiting period for initial enrollment?
   Yes ☐ No ☐
2. Does part-time employment apply to the waiting period?
   Yes ☐ No ☐
3. Does the group agree to domestic partner coverage?
   Yes ☐ No ☐
4. Is the group COBRA eligible?
   Yes ☐ No ☐
5. If Yes, COBRA Administrator Name:
   _____

Group Census

Group attests they have 50 or less full-time equivalent employees based on IRS guidelines.
Use the full-time equivalent employee (FTE) calculator online at **www.healthcare.gov/shop-calculators-fte** to verify your FTE count.

Total Employees _____

Number of part-time employees or seasonal employees _____

Number of employees in the waiting period _____

Number of eligible employees (including waivers) _____

Number of employees with other coverage waving coverage _____

Number of employees without other coverage waving coverage _____

Total number of employees enrolling _____

Total number of employees living and or working outside of New Mexico _____

Payment Information

Select a payment option. Must include the first month's premium payment with the application.
Discover, Visa and Mastercard are accepted.

☐ Checking account ☐ Savings account

Name of Bank _____ Name of Account Holder_____

Routing Number _____ Account Number _____

☐ Credit Card

Name on Card _____ Credit Card Number _____

Exp. Date _____ CVV _____

Authorizations and Agreements

By signing this Agreement, the Group acknowledges that it has read and understands the terms and conditions of the Agreement with Presbyterian Insurance Company, Inc. and represents that the information it has provided to Presbyterian is complete and accurate.

I hereby authorize and request Presbyterian to initiate and withdraw entries from the account indicated and the financial institution named for monthly premium payments required by the Vision Policy and Summary of Benefits. This authorization is to remain in effect until Presbyterian and the financial institution named are notified in writing. I understand that I have the right to terminate this agreement by notifying my financial institution. However, I understand that prearranged withdrawal entries are the required method of premium payment under the vision policy and summary of benefits.

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FORM FOR PAYMENT OF A LOSS OF BENEFIT, OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES. PRESBYTERIAN INSURANCE COMPANY, INC. MAY TERMINATE A MEMBER FOR ANY TYPE OF FRAUDULENT ACTIVITY.

I acknowledge that I have read and understand this application in its entirety.

Signature of group contact

X_____ Date:_____

Signature of billing contact

X_____ Date:_____

Agent Information

First and Last Name	Phone Number
Agency Name	National Producer Number

For consumer complaints you may contact the New Mexico Office of Superintendent of Insurance at **http://www.osi.state.nm.us** or 1-855-427-5674 for assistance.

Presbyterian complies with civil rights laws and does not discriminate on the basis of protected status including but not limited to race, color, national origin, age, disability, or sexual orientation or gender expression. Free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-855-592-7737 (TTY: 711) or speak to your provider.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 1-855-592-7737 (TTY: 711) o hable con su proveedor.

SHOOH: Diné bee yániti'gogo, saad bee aná'awo' bee áka'anída'awo'ít'áá jiik'eh ná hóló. Bee ahi hane'go bee nida'anishí t'áá ákodaat'éhígíí dóó bee áka'anída'wo'í áko bee baa hane'í bee hadadilyaa bich'į' ahoot'i'ígíí éí t'áá jiik'eh hóló. Kohjį' 1-855-592-7737 (TTY: 711) hodíilnih doodago nika'análwo'í bich'į' hanidziih.

For more information, visit **https://www.phs.org/nondiscrimination**.