

# CARA VSP

## Enrollment Instructions

- Complete the **Employer Application** form and select *ONE* plan design for the entire employer group; or
- If offering **multiple plans**, each employee must select a plan design on their application form.
- If the enrolling employee does not elect to cover their dependents, then dependents may not enroll later unless there is a qualifying event.
- All employer groups will be made effective on the first of any given month.
- This plan focal renews on **March 1** of every year.
- Include first month's premium check and applicable billing fee. Make check payable to **CARA**.
- Submit all forms to **AIS** for processing:  
**AIS**  
**One Kaiser Plaza, Suite 1333**  
**Oakland, CA 94612**  
**Attn: New Business**
- For questions, call AIS at (800) 788-6524.

# CARA VSP CHOICE

## Employer Application

**Employer Group Information**

Effective Date :

Group Name :		
Address :		
City :	State :	Zip Code :
Contact Person :		
Phone :	Fax :	
Email :		

**Monthly Rates Effective 1/1/2012 through 2/28/2013**

To view 'Choice Providers', go to <a href="http://www.vsp.com">www.vsp.com</a>	<input type="checkbox"/> <b>0009</b> Choice Plan A (12/24/24) \$15/\$30 Copay \$150 Allowance	<input type="checkbox"/> <b>0010</b> Choice Plan B (12/12/24) \$15/\$30 Copay \$150 Allowance	<input type="checkbox"/> <b>0011</b> Choice Plan C (12/12/12) \$15 Copay \$150 Allowance
Employee Only	\$ 6.64	\$ 9.12	\$ 16.94
Employee + Spouse	\$ 10.63	\$ 14.72	\$ 27.13
Employee + Child(ren)	\$ 10.85	\$ 14.89	\$27.72
Employee + Family	\$ 17.47	\$ 24.00	\$ 44.72

**Choose your Billing Cycle:**

ACH  
  Monthly  
  Quarterly  
  Semi-Annually  
  Annually

ACH groups - please complete the ACH form.

Subtotal \$

Administration Fee \* \$

Grand Total \$

**Please make check payable to "CARA"**

\* Please refer to *AIS Administration Fee Schedule* for your choice of billing option.

**Broker Information**

Broker Name :		
Firm Name :		
Address :		
City :	State :	Zip Code :
Phone :	Fax :	
Email :		
Tax ID # or SSN # :		

**Master Distributor:**

**Please mail to: AIS \* One Kaiser Plaza, Suite 1333 \* Oakland, CA 94612 \* Attn: New Business**

# CARA VSP Choice Application Form

Select Coverage :    Member Only    Member + Spouse    Member + Child(ren)    Family

<b>Policy / Client #:</b>	<input type="checkbox"/> <b>0009</b> Choice Plan A (12/24/24) \$15 / \$30 Copay \$150 Allowance	<input type="checkbox"/> <b>0010</b> Choice Plan B (12/12/24) \$15 / \$30 Copay \$150 Allowance	<input type="checkbox"/> <b>0011</b> Choice Plan C (12/12/12) \$15 Copay \$150 Allowance
---------------------------	--	--	---

**Group Name:**

**Member Information**

SS # :	Date of Birth :	Sex : <input type="checkbox"/> Male <input type="checkbox"/> Female
--------	-----------------	---

Last Name :	First Name :	M. I. :
-------------	--------------	---------

Address :

City :	State :	Zip Code :
--------	---------	------------

Marital Status :  Single    Married    Divorced    Widowed

<input type="checkbox"/> Spouse	Last Name :	First Name :
<input type="checkbox"/> Domestic Partner	Sex : <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth :

Child # 1	Last Name :	First Name :
	Sex : <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth :

Child # 2	Last Name :	First Name :
	Sex : <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth :

Child # 3	Last Name :	First Name :
	Sex : <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth :

Child # 4	Last Name :	First Name :
	Sex : <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth :

Check here  if additional sheet(s) is attached with this application

**X**

**Applicant Signature** **Date**

Distributed By :	Administered By : AIS One Kaiser Plaza, Suite 1333 Oakland, CA 94612 Phone : 800.788.6524 Fax : 510.893.4445 <a href="http://www.ais-insurance.com">www.ais-insurance.com</a> (In Nevada, also known as EWC Insurance Services, Inc.)
------------------	--

# CARA Membership Application

The undersigned, whose address and telephone number are shown below, hereby makes application for membership in CARA, an unincorporated association, upon the terms and conditions herein provided.

Upon payment of the membership application fee in the amount of \$15.00 and acceptance by CARA, the undersigned shall be entitled to all privileges and benefits as a CARA member, including participation in all CARA sponsored insurance programs for which such member shall be qualified and accepted.

In order to sustain membership in CARA, the member shall pay to CARA each year on or before the anniversary date of enrollment shown below, the annual dues established by the CARA Board of Directors. Said association dues shall be used by CARA solely for and in consideration of membership in the association.

The undersigned agrees to abide by the association's laws and such other membership rules as may be promulgated by the CARA Board of Directors from time to time.

Group Name: \_\_\_\_\_

Address: \_\_\_\_\_

City & Zip: \_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

For internal use:

Accepted by CARA \_\_\_\_\_

Signature



(In Nevada, also known as EWC Insurance Services, Inc.)

## Administration Fee Schedule

<b>ACH (Auto Bank Draft) *</b>	<b>Monthly</b>
1 Employee	\$ 3.50
2 to 4 Employees	\$ 3.50
5 > Employees	\$ 3.50
CARA Membership Fee	Included

\* ACH groups will not receive any monthly statements.

\*\* ONE person groups may elect only ACH or By Mail (Semi-Annual or Annual) payment modes.

<b>By Mail</b>	<b>Monthly</b>	<b>Quarterly</b>	<b>Semi-Annually</b>	<b>Annually</b>
1 Employee	n/a	n/a	\$ 25.00	\$ 25.00
2 to 4 Employees	\$ 10.00	\$ 20.00	\$ 25.00	\$ 25.00
5 > Employees	\$ 20.00	\$ 30.00	\$ 25.00	\$ 25.00
CARA Membership Fee **	\$ 15.00	\$ 15.00	\$ 15.00	\$ 15.00

\*\* If you select By Mail, you will be charged CARA Membership Fee on the anniversary month.

Please make check payable to **“CARA”**.

**AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)**

**E.W.C. INSURANCE SERVICES, INC. DBA AIS**

I (we) hereby authorize E.W.C. Insurance Services, Inc. DBA AIS, hereinafter called COMPANY, to initiate *debit entries* to my/our CHECKING account indicated below at the Depository Financial Institution named below, hereinafter called DEPOSITORY, and to debit the same to such account on the  5<sup>th</sup> or  20<sup>th</sup> of each month (select one). I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

DEPOSITORY NAME \_\_\_\_\_ BRANCH \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

ROUTING# \_\_\_\_\_ ACCOUNT# \_\_\_\_\_

This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

NAME(S) \_\_\_\_\_ CLIENT # \_\_\_\_\_  
FOR INTERNAL USE ONLY

DATE \_\_\_\_\_ SIGNED X \_\_\_\_\_

*NOTE: All written debit authorization MUST provide that the receiver may revoke the authorization only by notifying the originator in the manner specified in the authorization within 30 days. This form is to be submitted along with 1<sup>st</sup> month's premium and/or a copy of 'VOID' check.*

*sample check*

Any Name	2345
1234 Any Street	DATE _____
City, State Zip Code	
Pay to the order of _____	Dollars
_____ Dollars	
<b>Bank Name</b>	
Main Branch	
1234 Any Street	
City, State Zip Code	
(800) 555-1234	
:123456789 : 2345 ""1234567890	

↑ Routing Number      ↑ Account Number