

The Eye and Vision Center Safety Plus Program Enrollment Form

Please Fax to 888-299-4619 when completed

Company Name _____ Contact _____

Address _____ Phone _____

City _____ State _____ Zip _____ Fax _____

Email Address _____

Number of employees _____

This company would like to enroll in The Eye and Vision Center Safety Plus Program. We have chosen the following payment option:

- ☐ The Company will pay the basic package price (\$85 or \$120) for all employees, and our employees will pay for any upgrades to the package price every ☐ 12 months ☐ 24 months
- ☐ The Company will pay the basic package price (\$85 or \$120) for all employees plus the upgrade charge for the upgrades indicated below every ☐ 12 months ☐ 24 months
- ☐ All employees will pay for their own safety glasses.

If the company will pay for any amount of the employee's safety glasses, please fill out the separate payment agreement form.

Please specify your company's preferences for the following options

- Sideshields: ☐ removable allowed ☐ permanent **required**
- Tinted Lenses: ☐ company paid ☐ employee paid ☐ not allowed
- Polarized Lenses: ☐ company paid ☐ employee paid ☐ not allowed
- Frame Upgrades: ☐ company paid to level _____ ☐ employee paid
- Trivex Lenses: ☐ company paid ☐ employee paid ☐ not allowed
- Anti-Fog Coating: ☐ company paid ☐ employee paid ☐ not allowed
- Anti-Reflective: ☐ company paid ☐ employee paid ☐ not allowed
- Progressive upgrade: ☐ company paid to level _____ ☐ employee paid
- Transitions: ☐ company paid ☐ employee paid ☐ not allowed
- Extra-Hard Scratch: ☐ company paid ☐ employee paid ☐ not allowed

Note: All employees of a company enrolled in the Safety Plus Program will receive the discounts listed in the Eyecare Advantage Program automatically.