



Producer Appointment Form

By: OptNet

- This is a membership plan, not vision insurance

PRODUCER NAME			
AGENCY NAME			
MAILING ADDRESS:		CITY	STATE ZIP
STREET ADDRESS (IF DIFFERENT):		CITY	STATE ZIP
TAX PAYER ID #:		CONTACT PERSON	
PHONE	FAX		EMAIL
<p>Vision Care Direct offers agents the ability to refer clients to www.VisionCareDirect.com where an individual may complete enrollment online. We will provide you with a unique Promo Code you will give your clients for online enrollment purposes. The Promo Code allows us to properly credit you with the commission for all enrollments using your Promo Code. We ask for your assistance in naming this promo code. Think of a word, numbers, or combination thereof you would like to use (i.e. ABC Insurance, ABC123, AgentX) and enter it below.</p> <p>DESIRED PROMO CODE: _____ DO YOU HAVE A WEBSITE? WHAT IS THE ADDRESS? _____</p>			
<p>Commission checks should be made payable to (Choose one only):</p> <p><input type="checkbox"/> Producer</p> <p><input type="checkbox"/> Agency – Agency must also complete form, complete a Form W-9, and submit agency insurance license</p>			
Producer Signature:			
Application Signed this _____ day of _____, 20 ____.			
<p><input type="checkbox"/> Please attach a copy of your agent/broker license and agency license (if applicable)</p> <p><input type="checkbox"/> Please attach a copy of IRS form W-9 with your application. You can find it at http://www.irs.gov/pub/irs-pdf/fw9.pdf</p>			
<p>Please return this form, a copy of your license and a copy of your W-9 to:</p> <p>Vision Care Direct Administration 2178 S. 900 E. Suite #6 Salt Lake City, Utah 84106 Phone 1-877-488-8900 Fax 1-801-665-1322 Admin@VisionCareDirect.com</p>			

Claims & Administrative Office
 2178 South 900 East #6, Salt Lake City, UT 84106
 Toll Free: (877) 488-8900 Fax: (801) 665-1322