

**EMPLOYER ENROLLMENT FORM**

Please complete the following information and return to PRACTICE NAME. Forms may be mailed to ADDRESS, faxed to FAX NUMBER, or emailed to EMAIL ADDRESS. Once the form has been submitted, membership cards and additional brochures will be delivered directly to you for distribution to your employees. Your employees do not need to complete a separate enrollment sheet.

Once you have distributed the cards and brochures to them, they are encouraged to call the participating Vision Source® office(s) most convenient to them and identify themselves as a 20/20 participant. You can find a listing of doctors at [www.visionsource.com](http://www.visionsource.com/) and click on “find a doctor.”

The Vision Source® office will enter this information into the employee’s patient record, and the benefits of the program will start with the first appointment.

Name of Company # of Employees

Owner/Manager’s Name Title

Primary 20/20 Contact *(if different from above)*

20/20 Contact’s Title

Company Phone Number Fax

Email Address Web Address

Company Mailing Address

City State Zip

Signature of person authorizing brochures and cards to be sent for company distribution

Thank you for your participation in the Vision Source® 20/20 EyeCare Program!