



SAVINGS PROGRAM

EMPLOYER ENROLLMENT FORM

Please complete the following information and return to the Vision Source® Marketing Team. Forms may be sent to 2020info@visionsource.com, faxed to 281-312-1153, or mailed to 23824 Highway 59, Kingwood, TX 77339. We are available to answer your questions at 2020info@visionsource.com or 281-312-1111. 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® Member 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 and click on "find a doctor."

The Vision Source® Member 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 Savings Program!