

GSA ATTACHMENT 2

ACKNOWLEDGEMENT OF RECEIPT Avesis Advantage Plus Vision Benefits

On behalf of the undersigned employer group, I acknowledge that I have received and read the enrollment material describing the Healthcare Group Advantage Plus Vision Plan through Avesis. The undersigned employer group is acting on its own behalf and on behalf of its eligible employees and their dependents who enroll for vision coverage.

Terms of Agreement

Vision coverage through Avesis shall take effect on the employer group's contract effective date for medical benefits and shall remain in effect for a term of one year. Vision coverage cannot be terminated independent of the employer group's medical benefits. Vision coverage is renewable each year provided Healthcare Group Administration (HCGA) has verified that the employer group remains eligible for the Healthcare Group (HCG) program, and the employer group renews medical coverage.

(Please initial)

- _____ I am aware that vision coverage offered through HCG is provided by Avesis.
- _____ I am aware that vision benefits are subject to the limitations and exclusions set forth in the document titled "Healthcare Group Advantage Plus Vision Plan Through Avesis."
- _____ I am aware that vision benefits are subject to the governing conditions and provisions of the HCG program as set forth in the HCG Group Service Agreement.
- _____ I am aware that vision benefits run on the same contract cycle as the employer group's medical benefits and cannot be terminated independently.

Acceptance

By signing this acknowledgement, the undersigned parties agree to all terms and conditions contained in the document titled "Healthcare Group Advantage Plus Vision Plan Through Avesis," including any and all attachments.

Healthcare Group of Arizona

10851 N. Black Canyon Hwy, Suite 660

Phoenix, AZ 85029

602.417.6755

Group Name

Group Number

Group Address

City, State, Zip

By: _____
HCG Authorized Signature

By: _____
Employer Group Authorized Signature

Print Name: _____

Print Name: _____

Date: _____

Date: _____