

Please select the plan

Non-Contributory

Contributory

Voluntary

For office use only

Group # _____

MRA Small Group Delta Vision Program

Group Underwriting Roster

Group Name _____

Participation Requirements

- Minimum group size - two
- **Non-Contributory** (employer paying 100%)
100% of eligible employees
- **Contributory** (employer paying 50-99%)
75% of eligible employees
- **Voluntary** (employer paying less than 50%)
35% of eligible employees

When employee has vision coverage elsewhere, indicate requested information below:

List all employees working 30 hours or more per week	Requesting Delta Vision Coverage?		Contract Holder's Name	Carrier Name of Group No. if Delta Vision	Contract No.	Segmenting Criteria <i>For office use only.</i>
	Yes	No				
1.	Yes	No				
2.	Yes	No				
3.	Yes	No				
4.	Yes	No				
5.	Yes	No				
6.	Yes	No				
7.	Yes	No				
8.	Yes	No				
9.	Yes	No				
10.	Yes	No				

I certify that this information is complete and accurate. Michigan Retailers Services, Inc. has the right to a confidential audit of our payroll records to verify this information. I also understand the following Delta Vision underwriting requirements:

1. Re-enrollment is not allowed for those who previously dropped coverage.
2. Vision coverage is a 12 month commitment unless employment is terminated.

Authorized Signature

Title

Date