

ENROLLMENT INSTRUCTIONS

All of the following must be received by Employers Vision Trust before a case can be processed:

1. Completed Application and Request for Participation and Agreement.
2. Deposit check (payable to Trustees of Employers Vision Trust) equal to one month's premium. If initially enrolling the group in more than one Trust Product administered by AmWINS Group Benefits, Inc. (Employers Group Trust only), then only one check made payable to **AmWINS Group Benefits, Inc.** representing all the deposits is necessary. However, if enrolling with Employers Dental Trust, separate checks are required. Contact your sales producer for more information.
3. Employee Enrollment Census Form.
4. Signed Agent's Service Fee Agreement. This one-time agreement will be kept on file and will apply to all of your EVT cases submitted.
5. A copy of your current Accident and Health License and errors and omissions certificate from the state where the case was written.

NOTE: Additional requirement for cases with 2-9 enrolled lives.

6. A copy of the Employers last State Quarterly Wage and Contribution Report listing employees.

All case materials must be received by the 10th of the month. Cases received after the 10th of the month will be effective on the first day of the following month when approved.

All of the above must be returned to:

EMPLOYERS VISION TRUST

C/O AMWINS GROUP BENEFITS, INC.

One Enterprise Drive, Suite 210, Shelton, CT 06484

If you require assistance or additional information, contact Sales Support:

1-800-243-2534, local (203) 924-2994, fax (203) 924-2644

To download additional Sales Kits, visit the EVT section of our website at www.smallbizbenefits.amwins.com