

Please refer to your proposal to complete this information. This document will form part of any contract issued.

Plan Selection

	Plan 1	Plan 2
Plan Name (as shown on your proposal)		

Group Information

How much will you contribute to premium? Employee _____% Dependent _____%

Are you offering vision coverage to retirees? No Yes If yes, required age: _____ Minimum years of service: _____

Will your employees have access to another carrier's vision coverage by virtue of their employment with you? No Yes
If yes, name of carrier: _____

Thank you for choosing Humana.