

# Enroll Today! Vision Insurance for Real Estate Industry Professionals!

**RE+HIT**  
Real Estate Industry  
Health Insurance Trust  
Plan Sponsor

**Benefits** You may purchase coverage for yourself and any eligible dependents. To maximize your Voluntary Vision Benefits, please visit a VSP Signature Network Preferred Provider; however you may visit a vision care provider out of the VSP Signature Network and submit your claim for reimbursement.

**Cost** of coverage is based upon the number of family members electing coverage. Rates listed below are monthly through EFT.

Benefits	VSP Signature Network Provider
Well Vision Exam	\$10 Copay
Lenses	
Single Vision	\$25 copay
Lined Bifocal	\$25 copay
Lined Trifocal	\$25 copay
Frames	\$130 allowance
Elective Contact Lenses	\$130 allowance

Member Only	\$10.93
Member + Spouse	\$17.48
Member + Child(ren)	\$17.85
Member + Family	\$28.77



## Open Enrollment:

- Now is the time to enroll in Vision Insurance available to Real Estate Agents and employees
- Enrollment must be completed prior to June 30th for coverage effective July 1st!

## To Qualify You Must:

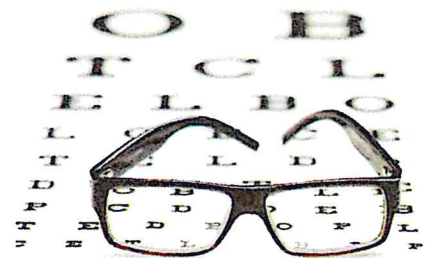
- Be an active licensed Agent  
**OR**
- Be a W-2 employee and work more than 20 hours per week

## To Learn More or Enroll:

- Email: [benefits@bcnw.com](mailto:benefits@bcnw.com)
- Call: (800) 945-4193

## Submit Enrollment Materials by:

- Fax: (800) 861-3395
- Email: [benefits@bcnw.com](mailto:benefits@bcnw.com)
- Mail: Benefit Consultants Northwest  
Bain Building, Suite 108  
1717 W. Francis Avenue  
Spokane, WA 99205



**BCNW**  
Benefit Consultants Northwest  
Plan Administrator



## REHIT Vision Enrollment Packet

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For help with enrollment or questions call: (800) 945-4193

### 1. Confirm Qualification for Eligibility into the Insurance Program

Eligibility Requirement Verification- Mark Appropriate Box Below:

- ☐ Self Employed Agents- I am currently a self employed agent with an active license.  
\*Please provide copy of most current business card.
- ☐ W-2 Employees- I am a W-2 employee in the Real Estate Industry, who is employed 20 or more hours per week. My employer is located at the following office:  
Office Name: \_\_\_\_\_  
Office Address: \_\_\_\_\_

- ☐ I am a W-2 employee who is NOT employed 20 or more hours per week. STOP! You are not eligible to enroll at this time.

#### Failure to meet Eligibility Requirements

The Participating Party's coverage under this agreement may be terminated if such party no longer meets the requirements established by the Group.

Please note: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

### 2. Complete the VSP- Vision Service Plans enrollment form

- Form is attached to back page of this Enrollment Packet

### 3. Complete the Bank Draft Authorization section below:

#### Bank Draft Authorization

Applicant's Name \_\_\_\_\_

RE: REHIT Group # 30041094

Address \_\_\_\_\_ Telephone \_\_\_\_\_



## REHIT Vision Enrollment Packet

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Attach your voided check below

**Attach your voided check HERE**

Your Name 123 Main Street Anytown, USA 12345	DATE _____	0001
PAY TO THE ORDER OF _____	\$ _____	DOLLARS
Notes: _____		
Ⓔ 23456789 Ⓔ	9876543210 Ⓔ	0001
Bank Routing Number	Account Number	

I (we) hereby authorize Benefit Consultants Northwest to initiate debit entries to my (our) checking account and the Financial Institution named above to debit the same to such account. BCNW will not be held accountable for a policy lapse or cancellation due to non-payment if the withdrawal is presented and not honored for any reason and the amount due is not paid.

This authority is to remain in full force and effective until BCNW and the Financial Institution have received written notification from me (either of us) of its termination in such time and in such manner as to afford BCNW and the Financial Institution a reasonable opportunity to act upon it.

Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

**Be sure to attach a voided check to this form.**

Your insurance premium(s) will be drafted on the 25<sup>th</sup> of each month.

**Return completed forms to Benefit Consultants Northwest, Inc- Plan Administrator:**

**Email:** [benefits@bcnw.com](mailto:benefits@bcnw.com)

**Postal Mail:**

Benefit Consultants Northwest  
Attn: REHIT Vision Plan  
1717 W. Francis Avenue, Suite 108  
Spokane, WA 99205

**Fax:**

(800) 861-3395



☐ New
 ☐ Change
 ☐ Open Enrollment
 ☐ Waive coverage

Employer or Group Name <b>REHIT</b>	Group Number <b>30041094</b>	Subgroup	Hire Date	Effective Date <b>07/01/2017</b>	
Social Security Number	First Name	Middle Initial	Last Name	Birthdate	Gender
Address		City	State	Zip	
Phone Number		Email Address			

Spouse Name	Last Name	Birthdate	Gender	<input type="checkbox"/> Add	<input type="checkbox"/> Remove
Dependent Name	Last Name	Birthdate	Gender	<input type="checkbox"/> Add	<input type="checkbox"/> Remove
Dependent Name	Last Name	Birthdate	Gender	<input type="checkbox"/> Add	<input type="checkbox"/> Remove
Dependent Name	Last Name	Birthdate	Gender	<input type="checkbox"/> Add	<input type="checkbox"/> Remove
Dependent Name	Last Name	Birthdate	Gender	<input type="checkbox"/> Add	<input type="checkbox"/> Remove

\_\_\_\_\_  
Employee signature

\_\_\_\_\_  
Date