



- Initial Application
- Renewal Acknowledgement

**SAFEGUARD HEALTH PLANS, INC**  
**95 Enterprise, Suite 100**  
**Aliso Viejo, CA 92656-2605**

**GROUP CONTRACT FOR PREPAID SERVICES  
ACCEPTANCE AGREEMENT**

This Group Contract For Prepaid Services Acceptance Agreement (the “Agreement”), is entered into between SafeGuard Health Plans, Inc. a California corporation (“SAFEGUARD”) and the organization named below (“ORGANIZATION”).

<b>ORGANIZATION</b>				<b>Group No.</b>
<i>Full Legal Name</i>				
<i>Organization is a</i>				
<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Government Agency <input type="checkbox"/> Union Trust				
<i>Street Address &amp; PO Box Number, if applicable</i>				
<i>City</i>		<i>State</i>		<i>Zip Code</i>
		<b>CA</b>		
<i>Telephone Number</i>	<i>Fax Number</i>	<i>Contact Name</i>	<i>Contact Title</i>	<i>Contact Tel Number</i>

**EFFECTIVE DATE**

SAFEGUARD, subject to all the conditions and provisions of the CONTRACT, and in reliance upon the statements of each Member in his or her Enrollment Card, shall provide the services and benefits and the other rights and privileges which are set forth in the CONTRACT, which shall take effect on \_\_\_\_\_, (herein after call the “Effective Date”).

**TERM OF COVERAGE** The term of this Agreement shall be from \_\_\_\_\_ to \_\_\_\_\_.

**PREPAID VISION CARE SERVICES** Vision Care Services as specified in Evidence of Coverage and Schedule of Benefits and Copayments of Plan \_\_\_\_\_.

**ELIGIBILITY**

An employee of ORGANIZATION who meets eligibility requirements for coverage under ORGANIZATION’S policies will be eligible for coverage as stated in the CONTRACT.

Plan Code Name:	Classes of employees to be covered	COVERAGE BASIS Employer Contribution
<b>Prepayment Fee</b> 1 <sup>st</sup> Tier        \$ 2 <sup>nd</sup> Tier        \$ 3 <sup>rd</sup> Tier        \$ 4 <sup>th</sup> Tier        \$ Composite     \$ <i>(if applicable)</i>	<input type="checkbox"/> All Employees <input type="checkbox"/> Retirees <input type="checkbox"/> Union <input type="checkbox"/> Salaried <input type="checkbox"/> Non-Union	Employer pays  _____ % of employee premium _____ % of dependent premium  Number of Eligible Employees _____

**MONTHLY PREPAYMENT FEE** The monthly prepayment fee for the number of Members in each category shown above is due and payable from ORGANIZATION to SAFEGUARD on the first day of the month for each month the CONTRACT is in effect commencing \_\_\_\_\_. If the applicable prepayment fee is not received, SAFEGUARD will be unable to verify eligibility which could result in disruption of service and the Provider may charge the Member the full usual and customary fee for services, which will not be reimbursed by SAFEGUARD.

**SPECIAL CONDITIONS**

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**BROKER INFORMATION**

Broker Name \_\_\_\_\_ Broker License # \_\_\_\_\_ Phone \_\_\_\_\_  
 Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

This Group Contract for Prepaid Services Acceptance Agreement entered into on \_\_\_\_\_ and made part of the Contract for Prepaid Services.

SAFEGUARD HEALTH PLANS, INC.  
 A California Corporation

Name: Robin Muck

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

ORGANIZATION

\_\_\_\_\_

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_