

Mountain Vision Plan

Employer Agreement Two Year Plan

Employer: _____

Date of 1st Deduction: _____

Effective Date: _____

Agent of Record: _____

EMPLOYER AGREEMENT

We hereby agree to apply for membership in the Mountain Vision Plan, a vision referral program administered by Polaris, LLC (Management Services Organization) for the benefit of our employees. We will instruct the payroll department to honor the attached application requests signed by our employees to enroll themselves and/or their dependents in Mountain Vision Plan, and forward to Polaris monthly such membership fees as indicated on employer's monthly membership report and/or Polaris' monthly invoice.

It is agreed that this program will remain in effect two years, commencing from the Effective Date noted above and will automatically renew until terminated in writing by employer. As the Employer, I do hereby state that a full and complete explanation of the discounted fees and benefits has been given to me, and that I fully accept and subscribe to all the terms and conditions contained in this Agreement.

Employer assumes no responsibility as to the Plan after the termination of any employee.

Signed at _____
City, State, Zip *Date*

Employer Representative (please print)

Title

Signature

Federal Tax I.D. Number

Manager, Polaris LLC

Administered by:

REDS Administration
25 North 8th Street, Suite 1
Lewisburg, PA 17837
1-888-515-1573

Sponsored by:

