

CARA VSP

Enrollment Instructions

- Complete the **Employer Application** form and select *ONE* plan design for the entire employer group.
- Each enrolling employee needs to complete an **Employee Application**.
- If the enrolling employee does not elect to cover their dependents, then dependents may not enroll later unless there is a qualifying event.
- All employer groups will be made effective on the first of any given month.
- This plan focal renews on **March 1** of every year.
- Include first month's premium check and applicable billing fee. Make check payable to **CARA**.
- Submit all forms to **AIS** for processing:
AIS
One Kaiser Plaza, Suite 1333
Oakland, CA 94612
Attn: New Business
- For questions, call AIS at (800) 788-6524.

CARA VSP

Employer Application

Employer Group Information

Effective Date :

Group Name :		
Address :		
City :	State :	Zip Code :
Contact Person :		
Phone :	Fax :	
Email :		

Monthly Rates Effective through 2/28/2011

Select Only One (1) Plan Design per Employer Group

	<input type="checkbox"/> Exam Plus Exam Only \$15 Co-pay	<input type="checkbox"/> Plan A (12/24/24) \$15/\$30 Co-pay	<input type="checkbox"/> Plan B (12/12/24) \$15 Co-pay	<input type="checkbox"/> Plan B (12/12/24) \$15/\$30 Co-pay	Number of Employees
Employee Only	\$ 3.50	\$ 7.75	\$ 15.31	\$ 10.65	
Employee + Spouse	\$ 7.00	\$ 12.41	\$ 24.49	\$ 17.03	
Employee + Child(ren)	\$ 7.00	\$ 12.67	\$ 25.00	\$ 17.39	
Employee + Family	\$ 7.00	\$ 20.42	\$ 40.31	\$ 28.03	

Subtotal \$

Administration Fee * \$

Grand Total \$

ACH Monthly Quarterly Semi-Annually Annually

Note: ACH groups – Please complete the ACH form.

Please make check payable to "CARA"

* Please refer to *AIS Administration Fee Schedule* for your choice of billing option.

Broker Information

Broker Name :		
Firm Name :		
Address :		
City :	State :	Zip Code :
Phone :	Fax :	
Email :		
Tax ID # or SSN # :		

General Agent Information

GA Name :
GA Firm Name :

Please mail to: AIS * One Kaiser Plaza, Suite 1333 * Oakland, CA 94612 * Attn: New Business

CARA VSP Employee Application

New Enrollment
 Add Dependent(s)
 Address Change

Effective Date :

Employer Group Information

Group Name :

Group # or Client # :

Employee Information

SS # : Date of Birth : Sex : Male Female

Last Name : First Name : M. I. :

Address :

City : State : Zip Code :

Marital Status : Single Married Divorced Widowed

Select Coverage : Employee Only Employee + Spouse Employee + Child(ren) Family

Spouse

Last Name :

First Name :

Domestic Partner

Sex : Male Female

Date of Birth :

SS # :

Child # 1

Last Name :

First Name :

Sex : Male Female

Date of Birth :

Full Time Student : Yes No

Disabled : Yes No

Child # 2

Last Name :

First Name :

Sex : Male Female

Date of Birth :

Full Time Student : Yes No

Disabled : Yes No

Child # 3

Last Name :

First Name :

Sex : Male Female

Date of Birth :

Full Time Student : Yes No

Disabled : Yes No

Check here if additional sheet(s) is attached with this application

X

Applicant Signature

Date

Distributed By :

Administered By :

AIS
 One Kaiser Plaza, Suite 1333
 Oakland, CA 94612
 Phone : 800.788.6524
 Fax : 510.893.4445

www.ais-insurance.com

(In Nevada, also known as EWC Insurance Services, Inc.)

CARA Membership Application

The undersigned, whose address and telephone number are shown below, hereby makes application for membership in CARA, an unincorporated association, upon the terms and conditions herein provided.

Upon payment of the membership application fee in the amount of \$15.00 and acceptance by CARA, the undersigned shall be entitled to all privileges and benefits as a CARA member, including participation in all CARA sponsored insurance programs for which such member shall be qualified and accepted.

In order to sustain membership in CARA, the member shall pay to CARA each year on or before the anniversary date of enrollment shown below, the annual dues established by the CARA Board of Directors. Said association dues shall be used by CARA solely for and in consideration of membership in the association.

The undersigned agrees to abide by the association's laws and such other membership rules as may be promulgated by the CARA Board of Directors from time to time.

Group Name: _____

Address: _____

Telephone Number: _____

Signature: _____

Title: _____

Date: _____

For internal use:
Accepted by CARA _____
Signature

AIS

(In Nevada, also known as EWC Insurance Services, Inc.)

Administration Fee Schedule

Monthly	ACH (Auto Bank Draft) ¹	By Mail
1 to 4 Employees	\$ 3.50	\$ 10.00
5 > Employees	\$ 3.50	\$ 20.00
CARA Annual Fee ²	Waived	\$ 15.00

Other Billing Options:

By Mail	Quarterly	Semi-Annually ³	Annually
1 to 4 Employees	\$ 20.00	\$ 25.00	\$ 25.00
5 > Employees	\$ 30.00	\$ 25.00	\$ 25.00
CARA Annual Fee ²	\$ 15.00	\$ 15.00	\$ 15.00

Please make check payable to “CARA”.

¹ ACH groups will not receive any monthly statements.

² CARA Annual Fee is due on anniversary month.

³ SINGLE employee groups requesting “Mail Billing” are required to pay semi-annually.

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

E.W.C. INSURANCE SERVICES, INC. DBA AIS

I (we) hereby authorize E.W.C. Insurance Services, Inc. DBA AIS, hereinafter called COMPANY, to initiate *debit entries* to my/our CHECKING account indicated below at the Depository Financial Institution named below, hereinafter called DEPOSITORY, and to debit the same to such account on the 5th or 20th of each month (select one). I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

DEPOSITORY NAME _____ BRANCH _____

CITY _____ STATE _____ ZIP CODE _____

ROUTING# _____ ACCOUNT# _____

This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

NAME(S) _____ CLIENT # _____
FOR INTERNAL USE ONLY

DATE _____ SIGNED X _____

NOTE: All written debit authorization MUST provide that the receiver may revoke the authorization only by notifying the originator in the manner specified in the authorization within 30 days. This form is to be submitted along with 1st month's premium and/or a copy of 'VOID' check.

sample check

Any Name	2345
1234 Any Street	DATE _____
City, State Zip Code	
Pay to the order of _____	_____ Dollars
Depository Name →	
Branch →	Bank Name
	Main Branch
	1234 Any Street
	City, State Zip Code
	(800) 555-1234

	Ⓜ:123456789Ⓜ: 2345 Ⓜ1234567890
↑	↑
Routing Number	Account Number