

## Application to Join the New Hampshire Motor Transport Association Vision Plan

You have the opportunity to enroll in a comprehensive yet affordable insured vision benefit program offered to the New Hampshire Motor Transport Association through Red Tree Insurance Company, Inc., a subsidiary of Delta Dental Plan of New Hampshire, featuring the DeltaVision<sup>®</sup> product. According to Vision Watch, nearly 76% of U.S. adults 18 and older use some form of vision correction. Now you can take care of your vision needs with DeltaVision<sup>®</sup>. DeltaVision<sup>®</sup> is supported by an EyeMed Vision Care<sup>®</sup> network with more than 88,000 providers at over 27,000 locations nationwide, including private practitioners and the most popular optical retail outlets like LensCrafters<sup>®</sup>, Target Optical<sup>®</sup>, and many Pearle Vision<sup>®</sup> locations.

DeltaVision<sup>®</sup> is underwritten by Red Tree Insurance Company, Inc., a Northeast Delta Dental company. Claims processing, claims service, and provider network administration for DeltaVision are provided under contract, by EyeMed Vision Care, LLC and its affiliate, First American Administrators, Inc.

Accepting this Application makes the Employer a Participating Employer subject to the terms and conditions of the Agreement between the New Hampshire Motor Transport Association and Delta Dental Plan of New Hampshire.

EFFECTIVE DATE: \_\_\_\_\_ TELEPHONE: (603) \_\_\_\_\_  
 EMPLOYER: \_\_\_\_\_ FAX: (603) \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_, NH ZIP: \_\_\_\_\_  
 GROUP CONTACT: \_\_\_\_\_

Eligibility period for new hires: First day of the month following \_\_\_\_\_ month(s).

MONTHLY RATES:	No. Enrolled	Amount Due
One Person (Single)	\$6.86 x _____	= \$ _____
Two Persons	\$11.76 x _____	= \$ _____
Three or More Persons (Family)	\$21.05 x _____	= \$ _____
<b>TOTAL (Due with Application)</b>		\$ _____

Above rates are guaranteed until **December 31, 2024**. Annual open enrollment effective January 1st each year. Make checks payable to: NHMTA. All applications and correspondence should be directed to NHMTA, PO Box 3898, Concord, NH 03302-3898.

For inquiries, please contact NHMTA: Phone: 603-224-7337, Fax: 603-225-9361.

Group Representative Signature

Title

Date

### New Hampshire Motor Transport Association Use Only:

DeltaVision Group #: **904635**

DeltaVision Sublocation: \_\_\_\_\_