

AIG Vision Care

Enrollment Form for Group Vision Coverage

Print or Type

Employer (Group) Name _____

Group No./ Division/ Class _____

Applicant's Full Name _____ Social Security Number _____

Address _____

City _____ State _____ Zip Code _____

Date of Birth ____/____/____ Scheduled hours per week _____
mm dd yr

First day of full-time employment with current employer ____/____/____
mm dd yr

Male Female

Vision Coverage Requested

(Select Coverage Option)

- Employees Only (coverage for employee only)
- Employee + One (coverage for employee plus spouse or one child)
- Family (coverage for employee, spouse and dependent children)

Complete the following for all family members for whom you are requesting coverage

Name	Student (Yes/No)	Gender (M/F)	Date of Birth (mm/dd/yr)

I want to be insured, I acknowledge that I have read, understand and agree to the terms and conditions of this coverage as detailed in the brochure and I authorize premium deductions from my pay for the insurance applied for. I understand that I can only make changes to the insurance applied for if I have a family or work status change.

I do not wish to enroll at this time.

Signature _____ mm / dd / yr

Insurance is underwritten by National Union Fire Insurance Company of Pittsburgh, Pa., with its principal place of business in New York, NY; American International Life Assurance Company of New York, with its principal place of business in New York, NY; and AIG Life Insurance Company (AIG Life), with its principal place of business in Wilmington, DE. AIG Life does not solicit business in New York.



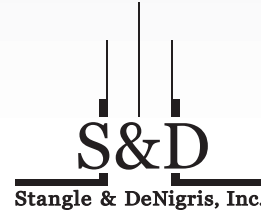
from the Domestic Accident & Health Division of the AIG Companies®



LASIK/PRK Surgery Discount

EyeMed and U.S. Laser Network, owned by LCA-Vision, have joined forces to provide all EyeMed members with a 15% discount off the retail price of LASIK or PRK laser vision correction procedures or 5% off the promotional price.

This Lasik/PRK Surgery Discount is not insurance and is not provided by any member of the AIG Companies.



Stangle & DeNigris, Inc.
 580 Hazard Avenue
 Enfield, CT 06082
 800-223-9863

Comprehensive Strength, Innovative Solutions®
 Domestic Accident & Health Division



This brochure provides only brief descriptions of the coverages available. The Policies contain reductions, limitations, exclusions and termination provisions. Full details of the coverage are contained in each Policy. If there are any conflicts between this document and each Policy, the Policy shall govern. Insurance is underwritten by National Union Fire Insurance Company of Pittsburgh, Pa., with its principal place of business in New York, NY; American International Life Assurance Company of New York, with its principal place of business in New York, NY; and AIG Life Insurance Company (AIG Life), with its principal place of business in Wilmington, DE. AIG Life does not solicit business in New York.

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Vision Care Insurance

See the Benefits of Enrolling Now



from the Domestic Accident & Health Division of the AIG Companies®

Quality Care at an Affordable Cost

With more than 150 million Americans wearing eyeglasses or contact lenses today, it's little wonder that vision care rates as the benefit employees want most¹. To meet this important need, your employer is offering you and your family AIG@Work Vision Care Insurance, an innovative, affordable vision care insurance plan, underwritten by members of the AIG Companies[®].

Receiving proper eye-care treatment can offer you many health benefits. Routine eye exams may lead to early detection of vision problems and serious eye conditions such as glaucoma and cataracts. These exams may also help uncover significant medical problems such as high blood pressure, diabete and cancer.

What You Get

AIG@Work Vision Care delivers a full range of eye-care programs through a flexible, highly accessible network of qualified ophthalmologists, optometrists, opticians and vision care centers located in most states. So you and your family have coverage when you need it. Among the highlights of this Vision Care program are these:

- You have the option of receiving services from in-network or out-of-network providers.
- Your enhanced in-network benefits include:
 - 100% coverage for a comprehensive vision examination.
 - 100% coverage for standard eyeglass lenses.
 - full coverage for eyeglass frames, up to a stated allowance.
 - full coverage for contact lenses, up to a stated allowance, in lieu of all other material benefits.
- Participating providers can verify your coverage 24/7 through an easy-to-use toll-free telephone system.
- And you can purchase Vision Care Insurance benefits at affordable group rates through convenient payroll deductions.

AIG@Work — Your employer has chosen to expand your employee benefits with Vision Care Insurance, a part of AIG@Work, a new approach to accident and health coverage from an insurance leader.

How Vision Care Insurance Works

Once you enroll, you will receive a member identification card and provider directory from which you and your dependents can choose a vision care provider. Before making an appointment, please verify with the provider that he or she participates in the EyeMed Vision Care provider network. For further details about your coverage and participating providers, call the toll-free number listed in the “How to Learn More” section.

When you visit a participating provider and present your member identification card:

- The provider will perform a comprehensive vision examination, including getting your medical history, checking your eyesight, examining for possible eye disorders and testing for glaucoma.
- If you need corrective lenses, you can choose a pair of glasses (standard lenses and frame) or contact lenses. See the enclosed insert for your coverage amounts.
- You don't have to complete any claim forms or wait for reimbursements when you obtain your services from a participating provider.

If you visit a nonparticipating provider, you must pay the provider in full and submit your itemized receipts to your network provider to receive reimbursement. For more information, call the toll-free number listed under “How to Learn More.”

¹Employee Benefit Plan Review, March 2004.

Coverages	Benefits	Frequency
Exam	100%	12
Lenses	100%	12
Frame	\$130	12
Contacts ^(selective)	\$115	12
Co-pays		
Exam	\$10	
Lenses	\$10	

How to Enroll

Enrolling in the AIG@Work Vision Care program is as easy as 1, 2, 3:

1. Complete the accompanying enrollment form.
You may select one of three plans:
 - Employees Only (coverage for employee only)
 - Employee + One (coverage for employee plus spouse or one child)
 - Family (coverage for employee, spouse and dependent children)
2. Return the accompanying enrollment form to your employer.
3. The premiums will be payroll deducted and your coverage will begin.

How to Learn More

If you have questions about this exciting benefit or would like additional information about Vision Care Insurance, simply call Stangle & DeNigris at 800.223.9863

Effective Date and Termination Date

Effective Date. An Insured's coverage under the Policy begins on the latest of: (1) the Policy Effective Date; (2) the date the first premium for the Insured's coverage is paid in accordance with the Premiums section of the Master Application; (3) if individual enrollment is required, the date written enrollment is received by the Policyholder; (4) the date the person becomes a member of an eligible class of persons as described in the Classification of Eligible Persons section of the Master Application; or (5) the Coverage Effective Date described in the Master Application.

Termination Date. An Insured's coverage under the Policy ends on the earliest of: (1) the date the Policy is terminated; (2) the premium due date if premiums are not paid when due, subject to the Grace Period provision; (3) the date the Insured requests, in writing, that his or her coverage be terminated; or (4) the date the Insured ceases to be a member of any eligible class(es) of persons as described in the Classification of Eligible Persons section of the Master Application.

Exclusions and Limitations

Benefits will not be payable under the Policy for expenses incurred for:

- 1) professional services and/or materials in connection with:
 - contact lens insurance or care kits and services that are experimental or investigational in nature;
 - a. blended bifocals, no line, or progressive addition lenses
 - b. compensated or special multi-focal lenses
 - c. plain (non-prescription) lenses
 - d. anti-reflective, scratch, UV400, or any coating of lamination applied to lenses
 - e. Subnormal Visual Aids
 - f. tints other than solid
 - g. orthoptics, vision training and developmental vision procedures
 - h. polycarbonate lenses
- 2) broken, lost or stolen lenses, contact lenses, or frames;
- 3) medical or surgical treatment of the eye, unless such treatment is performed during a Vision Examination, subject to the applicable Vision Examination Maximum Benefit shown in the Benefit Schedule;
- 4) services or materials which are payable under any Workers' Compensation Act or similar law or any public program other than Medicaid;
- 5) services or materials rendered by a provider other than an Ophthalmologist, Optometrist, or Optician acting within the scope of his or her license; or by an Immediate Family Member;
- 6) any additional service required outside basic vision analyses for contact lenses, except fitting fees.
- 7) vision examination for vision materials that may be required as a condition of employment, including but not limited to industrial or safety glasses.
- 8) services rendered after the date an Insured Person ceases to be covered under the Policy, except when vision materials ordered before coverage ended are delivered and the services rendered to the Insured Person within 31 days from the date of such order; and
- 9) services rendered or materials ordered before the date coverage began under the Policy.

Regardless of Optical Necessity or Medical Necessity, benefits are not available more frequently than that which is specified in the Benefit Schedule.

This is only a brief description of the coverage(s) available. The Policy contains reductions, limitations, exclusions, and termination provisions. Full details of the coverage are contained in the Policy. If there are any conflicts between this document and the Policy, the Policy shall govern.