



WICHITA INDEPENDENT BUSINESS ASSOCIATION  
GROUP VISION INFORMATION SHEET

**COMPANY INFORMATION**

Name of Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Contact E-Mail: \_\_\_\_\_

**ENROLLMENT INFORMATION**

No. Full Time Employees: \* \_\_\_\_\_ Effective Date: \_\_\_\_\_

\* To be eligible for the vision coverage offered through WIBA/Surency program, WIBA members must meet the underwriting guidelines as outlined in the *Surency Information brochure provided by the Wichita Independent Business Association.*

**Remit Group Vision Information Sheet and Enrollment Forms to:**



Wichita Independent  
Business Association  
445 N. Waco  
Wichita, KS 67202-1160  
Fax: 316-267-8803 or email: [insurance@wiba.org](mailto:insurance@wiba.org)

**SURENCY USE ONLY**

<b>Policy #</b>	8 V	<b>Waiting Period</b>	60 days
<b>Group #</b>	70288-0-1- _____	<b>Dependent Ages</b>	19/24
<b>Experience Rated</b>		<b>Rates</b>	
<b>Benefit Year</b>	DOS	Employee:	\$8.23
<b>Billing</b>	D	Family:	\$25.90
<b>AE #/SE #</b>	667/665	<b>EyeMed</b>	
<b>Geo</b>	012	Group Admin Fee	.15 cents
<b>SIC Code</b>	_____		