



Welcome to EliteVue Information Form

Company Name	Member Type	Date Joined
	Full	
Company Address		
City, State	Zip	
Company Phone	Fax	Email
First Name (Main Contact)	Last Name	Title
Number Of Employees		

OPTIVUE agrees to provide ELITEVUE to _____ for a period of one year. This agreement will automatically renew on an annual basis.

_____ understands that ELITEVUE is a discount program offered by OPTIVUE, and that it is not available with any other offers, discounts, coupons or insurance benefits. However, insurance benefits may be used on one service and the ELITEVUE discount on another. ELITEVUE is honored at all OPTIVUE locations.

ELITEVUE is offered at **no charge** to the employer, their employees and the dependents of the employees. ELITEVUE participants must present their membership card at the time of service to receive the ELITEVUE benefits and discounts.

Additionally, special promotions provided for ELITEVUE participants will be sent to employees and/or will be sent to the employer for distribution at the employer's place of business. Upon request, an ELITEVUE program representative will conduct informational meetings to familiarize employees with the program.

OPTIVUE reserves the right to modify and/or discontinue the ELITEVUE program at its discretion. Written notice of modifications or discontinuation of the program will be provided to the employer prior to implementation.

Employer's/Authorized Signature

Kylee VonDeylen, Provider Relations Manager

Title

Date

Date

*Return completed form via fax to 419-697-3655 or by mail to OptiVue, Attn: EliteVue, 2740 Navarre Avenue, Oregon, OH 43616.