



SUPERIOR VISION

NATIONAL GUARDIAN LIFE INSURANCE COMPANY

GROUP VISION APPLICATION

Administered by: Superior Vision Services, Inc.
11101 White Rock Road
Rancho Cordova, CA 95670



Group Effective Date: JULY 1, 2016 Group No. 34744

Legal Group Name CITY OF MARICOPA Tax ID Number 43-2035823
Physical Address 39700 W. CIVIC CENTER PLAZA ERISA Number
City \ State \ Zip MARICOPA, AZ 85138 SIC \ Industry 9111a
Billing Address 39700 W. CIVIC CENTER PLAZA # of Employees
City \ State \ Zip MARICOPA, AZ 85138 # of Eligible
Eligibility Contact ARIANA COTA Phone 520-316-6807 Fax 520-568-9120
Billing Contact ARIANA COTA Phone 520-316-6807 Fax 520-568-9120

Initial Premium Rates:

Employee Only \$ 6.58 Employee + Spouse \$ 10.55 Employee + Child(ren) \$ 10.76 Employee + Family \$ 17.35

Initial Guarantee Period: Premiums are not guaranteed beyond the below date.

JULY 1, 2016 through DECEMBER 31, 2020

Eligibility data will be submitted using:

- National Guardian enrollment forms
Email or electronic media (Employer must keep signed enrollment forms on file for future reference.)

Eligibility: Employees working 30 hours per week will be effective for coverage upon: 30 Days 60 Days 90 Days
1st of the month following days Other

An eligible Dependent must be less than years old or less than years old if a full-time student.

Participation:

Depending on group size and coverage elected, specific participation requirements may apply. Participation must be met before the insurance can be effective and must be maintained continuously while insurance is in force to prevent cancellation of coverage. I understand and agree that audits will be made by National Guardian Life Insurance Company now and in the future to verify the number and names of employees of this group. I will furnish with application and upon any future request any other information requested.

Please send Membership Materials and Enrollment Materials to (CHECK ONE):

- Group Attn: ARIANA COTA Phone 520-316-6807 Email ARIANA.COTA@maricopa-az.gov
Agent Phone Email

Under ERISA (Employee Retirement Income Security Act of 1974), it is required that there be a named fiduciary for each employee benefit plan. It is understood that the undersigned Employer is the named fiduciary for each employee benefit plan. I understand and agree if, on the effective date, an employee is not in permanent full-time active work or unable to perform usual and customary duties, coverage will not be effective until the employee returns to an active eligible status. I hereby certify that the information provided herein is true and complete to the best of my knowledge and that I have read and understand this form.

The information contained herein describes the essential provisions of the elected coverage(s) discussed between the above client and an authorized National Guardian Life Insurance Co. representative. By signing this form, both parties agree that these are the essential provisions the client is purchasing. The details of this form may be changed by either party with mutual agreement.

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION TO OBTAIN INSURANCE IS GUILTY (IN TEXAS AND KANSAS MAY BE GUILTY) OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

Signed: Date:

Print Name: GREGORY E ROSE Title: CITY MANAGER

National Guardian Representative: KRISTI LOCKWOOD Date:

NVI/NDN GRP APP 04/06

See reverse side

Agent REBECCA CHANG	Tax I.D. # 86-605 0329
Agency THE MAHONEY GROUP	Phone 480-730-4920
Address 1835 S. EXTENSION ROAD	Fax 480-730-4929
City/State/Zip MESA, AZ 85210	Email Rchang@mahoneygroup.com

National Guardian Life Insurance Company appointment on file: Yes No Pending N/A