

Real Estate One, Max Broock Realtors, and Johnstone & Johnstone 2012 Group Enrollment Processing

Thank you for choosing **Dergalis Associates**, leaders providing benefit programs for the real estate professional. In order to ensure proper processing of your application, you will need to follow these instructions carefully.

1. Once you have selected the plan(s) in which you wish to enroll, print and complete the corresponding application(s).
2. Make sure you have signed and completed the application(s) in their entirety. Check them for any errors or missing information.
3. Review, complete and sign the **Automatic Deduction Agreement** form.
4. Make a **photocopy** of your **voided check** for the account from which you would like the premium deduction to take place and include it with your forms. Remember, all bank account deductions will take place on the 1st business day of every month. If we are unable to draft your account on this day, you may be subject to fees as outlined in the Automatic Deduction Agreement.
5. **Fax** your applications with the **Automatic Deduction Agreement** and the **voided check** to the Insurance Department fax number shown below. **We MUST have all applications by the posted due date or coverage cannot become effective!**

Please call us with any questions that you have during the enrollment process.

**Dergalis Associates
Insurance Department**

9 East Stow Road, Suite A
Marlton, NJ 08053

Toll Free Phone: (888) 564-0300

Fax: (856) 396-3193

insurance@agentbenefits.net

Dergalis Associates Frequently Asked Questions

1. Must I take all of the benefits?

No, each benefit can be purchased individually.

2. Will I get another opportunity to enroll if I decline to take coverage now?

Once a year, the group dental and vision plans will have open enrollment. However, the disability and life insurance will NEVER be offered again on a guaranteed basis. While you can apply at a later date, you will undergo limited underwriting and the carrier will have the right to decline you coverage based on the results.

3. What if I do not need dental or vision because it is provided for me through my spouse or another source? Will I be able to come back into the program if I lose that coverage mid year?

Yes, you will have the opportunity to enroll within 30 days of a qualifying life event such as a birth, death, divorce or loss of coverage. For more information on what constitutes a qualifying life event, please contact our office.

4. Can I pay a different way other than Automatic Deduction from my checking account?

We currently accept Visa, MasterCard, or Discover for premium payments. Please contact our office at (888) 564-0300 for more information. Additionally, you can use a savings account as long as you provide us with a deposit slip imprinted with your name, bank account number, and bank routing number.

5. When and how will I receive confirmation of my coverage?

You should receive an email from our offices as well as confirmation in the mail to your address on the application within 3 weeks.

6. What if I have an emergency before I receive proof of coverage?

In the event you have an emergency situation, you should contact Judy King at 1-800-265-2876 x11328. Judy will help you in the transition period.



Davis Vision Benefits for Real Estate One Family of Companies

IN-NETWORK BENEFITS		DESIGNER VISION PLAN	
Frequency – Once Every:		Plan Design	
Eye Health Examination inclusive of Dilation <i>(when professionally indicated)</i>		12 Months	
Spectacle Lenses		12 Months	
Frame		12 Months	
Contact Lens Evaluation, Fitting & Follow-Up Care		12 Months	
Contact Lenses (in lieu of eyeglasses)		12 Months	
Copayments			
Eye Health Examination		\$10	
Spectacle Lenses		\$25	
Contact Lens Evaluation, Fitting & Follow-Up Care		\$25	
Eyeglass Benefit - Frame	Average Retail Value		
Non-Collection Frame Allowance (Retail):	Up to \$130	Up to \$130 Plus a 20% discount on any overage ¹	
Davis Vision Frame Collection² (in lieu of Allowance):			
Fashion level	Up to \$125	Included	
Designer level	Up to \$175	Included	
Premier level	Up to \$225	\$25 copayment	
Eyeglass Benefit - Spectacle Lenses	Average Retail Value	Member Charges	
All ranges of prescriptions and sizes	\$60-\$120	Included	
Choice of glass or plastic lenses	\$30-\$35	Included	
Oversize Lenses	\$20	Included	
Tinting of plastic lenses	\$20	Included	
Scratch-Resistant Coating	\$25-\$40	Included	
Polycarbonate Lenses ³	\$60-\$75	\$0 or \$30	
Ultraviolet Coating	\$25-\$30	\$12	
Standard Anti-Reflective (AR) Coating	\$50-\$70	\$35	
Premium AR Coating	\$65-\$90	\$48	
Ultra AR Coating	\$100-\$125	\$60	
Standard Progressive Lenses	\$150-\$195	\$50	
Premium Progressives (Varilux®, etc.)	\$195-\$300	\$90	
Intermediate-Vision Lenses	\$150-\$175	\$30	
Blended-Segment Lenses	\$40-\$50	\$20	
High-Index Lenses	\$90-\$150	\$55	
Polarized Lenses	\$95-\$110	\$75	
Photochromic Glass Lenses	\$30-\$60	\$20	
Plastic Photosensitive Lenses	\$95-\$150	\$65	
Scratch Protection Plan: Single Vision Lenses Multifocal		\$20 \$40	
Contact Lens Benefit			
Non-Collection Contact Lenses: Materials Allowance		Up to \$130 Plus a 15% discount on any overage ¹	
- Evaluation, Fitting & Follow-Up Care Allowance – Standard Lens Types		Included	
- Evaluation, Fitting & Follow-Up Care Allowance – Specialty Lens Types		Up to \$60 Plus a 15% discount on any overage	
Collection Contact Lenses² (in lieu of Allowance):		Included	
- Materials (up to 8 boxes), Evaluation, Fitting & Follow-up Care			
Medically Necessary Contact Lenses (with prior approval)		Included	
- Materials, Evaluation, Fitting & Follow-Up Care			
OUT-OF-NETWORK REIMBURSEMENT SCHEDULE			
Eye Examination: up to \$30	Single Vision Lenses: up to \$25	Trifocal Lenses: up to \$45	Elective Contact Lenses: up to \$75
Frame: up to \$30	Bifocal Lenses: up to \$35	Lenticular Lenses: up to \$60	Medically Necessary CL: up to \$225

^{1/} Additional discounts not applicable at Walmart or Sam's Club locations.

^{2/} Collection is available at most participating independent provider offices. Collection is subject to change. All contact lenses in Collection are single vision spherical lenses.

^{3/} Polycarbonate lenses are covered in full for dependent children, monocular patients and patients with prescriptions +/- 6.00 diopters or greater.

One-year eyeglass breakage warranty included

Providers at www.davisvision.com Use Client Code # 4937	Monthly Premium
Employee Only	\$ 8.03
Employee + One	\$ 14.46
Employee + Children / Family	\$ 22.48

Rates are guaranteed through 12/31/2015

**REAL ESTATE ONE
UNITED CONCORDIA DENTAL & DAVIS VISION
ENROLLMENT FORM**

COMPANY NAME: _____

EFFECTIVE DATE: _____

NAME: _____

DATE OF HIRE: _____

ADDRESS: _____

SS# _____

PHONE: _____

EMAIL: _____

DATE OF BIRTH: _____

GENDER: _____

A. Please check all coverage(s) you are applying for: _____ DENTAL _____ VISION

B. Please indicate who will be insured under the policy (check only ONE):

_____ Applying for single coverage for myself _____ Applying for MYSELF & DEPENDENTS LISTED BELOW

C. ENROLLMENT INFORMATION (complete if including coverage for dependents)

NOTE: Use separate Dental and Vision applications if you want to enroll dependents on one plan and not on the other.

Name	SS#	Date of Birth	Gender
Spouse			M F
Son			
Daughter			M F
Son			
Daughter			M F
Son			
Daughter			M F

I represent that all information supplied in the application is true and correct. Any person who knowingly, and with intent to defraud any insurance company or other person, files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act which is a crime.

Signature

Date

Automatic Deduction and Notification Agreement

I hereby authorize **Realty Benefit Services, an affiliate of Dergalis Associates**, to access my checking and/or savings account solely for the purpose of paying premiums for the insurance benefits that I select. The deductions could include health, dental, vision, life and / or disability insurance premiums.

I understand that these deductions will be made periodically and I realize that changes in premiums may result in higher or lower deductions. I further understand that I shall incur additional charges in the event this debit is returned for any reason. In the event that **Realty Benefits Services** is unable to collect my premiums on the first business day of the month, I will be charged \$25.00.

Notifications

I agree to provide signed written notice at least two weeks in advance in the event I wish to cancel, change or amend my current policies. I further agree to indemnify and hold harmless **Realty Benefit Services, an affiliate of Dergalis Associates**, for charges assessed on my account from my lending institution due to debits for services rendered. I agree to notify **Realty Benefit Services, an affiliate of Dergalis Associates**, in writing of any changes to my bank account. This notice will be at least two weeks in advance of any scheduled payment debits. (Dergalis Associates FAX: (856) 396-3193 Att: Claire Juliano)

I understand that these services are being provided solely through arrangements with **Realty Benefit Services, an affiliate of Dergalis Associates**, my real estate firm and the insurance carrier. I am aware that I must notify **Dergalis Associates** in writing if I no longer work as a licensed Realtor with my current Real Estate firm. This notification is my responsibility, otherwise, **Dergalis Associates** will NOT be able to notify our COBRA administrator, to offer me COBRA benefits, if applicable. If I do NOT notify **Dergalis Associates** within 30 days of my termination, I realize I may continue to get billed for services and benefits that I am no longer eligible to receive and I may forfeit any benefits received or premiums I paid for these benefits beyond my termination date. **NO REFUNDS WILL BE PROVIDED FOR MY FAILURE TO NOTIFY DERGALIS ASSOCIATES OF TERMINATION OR SEPARATION FROM MY REAL ESTATE COMPANY.** I understand that any changes to or termination of my coverage will also affect the coverage I have elected for my dependents.

I have read and accept the terms of the above notification agreement.

SIGNATURE OF INSURED X _____

*Please retain a copy of this document in your file with your application(s).

NAME OF INSURED _____ SS # _____

REALTY COMPANY _____ OFFICE NAME _____

WORK EMAIL _____ PERSONAL EMAIL _____

WORK PHONE _____ FAX # _____

HOME ADDRESS _____

HOME PHONE _____ CELL PHONE _____

SIGNATURE X _____ DATE _____
OF ACCOUNT OWNER*

*Note: Signature should be that of the owner of the checking account whose name appears on the check used for deductions.

ATTACH VOIDED CHECK

ATTACH YOUR BUSINESS CARD