



Enrollment Department
OptiCare Vision Plans
P.O. Box 7548
Rocky Mount, NC. 27804

HR Security Letter
Enrollment: (252) 451-2288
Fax: (252) 451-2158

Dear Enrollment Department,

Please accept this letter as a request to set up an account to access the secure Employer / Human Resources area of the OptiCare Vision Plans web site at www.opticarevisionplans.com. This access is only available to the Human Resources division of the company and company affiliate meaning any direct or indirect subsidiary of company currently contracted with OptiCare.

I hereby attest that the information given in this letter of application is accurate and complete. **By signing this document I fully understand and agree to the following terms and conditions:**

1. It is my responsibility to ensure that the security code provided to me by OptiCare to gain access to my company's confidential information displayed on the OptiCare Vision Plan's web site will be maintained in confidence and only used by me and/or by my employed staff. The term "company" may refer to additional companies or divisions that are related legally but have different Tax ID numbers.
2. In the event my company security code is compromised in any way, I will immediately notify OptiCare's Enrollment Department to report such incident and to request a new security code.
3. I acknowledge that OptiCare's company security access code can only be communicated in writing and sent by first-class mail to my office location.
4. My security access code to OptiCare's website can be terminated at any time without notice at the sole discretion of OptiCare.
5. All information on this form will be verified and must match the information on the company/group's application that OptiCare has on file.
6. If a staff member in my company who has access to the web site terminates employment, it is my responsibility to notify OptiCare's Enrollment Department of this termination so that a new security code can be issued for the office.
7. Should my Group contract terminate with OptiCare, I acknowledge that my access to the web site will be terminated when the contract terminates.

IN WITNESS WHEREOF, _____ has executed this HR Letter by their respective HR representative authorized to do so.

Signature: _____ Date Signed: _____

Full Name: _____

(Print)

Group Name: _____

HR Address: _____

Tax ID No(s): _____

Office Ph. No.: _____ Office Fax No.: _____

Office Email address: _____ (needed for system announcements)

APPROVED OR DENIED	EN Name	EN Date	MIS Date	User ID	Password
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