

**NORTH COUNTRY CHAMBER OF COMMERCE –Plattsburgh, NY**  
**BLUE VIEW VISION POLICIES**

Actual enrollment is subject to the underwriting guidelines of the insurance company and is entirely subject to their final approval. We cannot and do not guarantee approval or coverage and it is understood and agreed upon that the Chamber and/or Service Corp are in no way responsible or liable for the decisions and actions made on the part of the insurance company. Insurance coverage is not in effect until written notification is received from the insurance carrier

Payment of insurance premiums under this plan is administered through the Chamber and/or Service Corp and it is understood and agreed that applicable administrative fees are due at the time of the premium. Payment shall not be regarded as complete in the absence of any such fees and must be received in full no later than the 10<sup>th</sup> of the month prior to the coverage period. There is a ten-day grace period from the due date in which payment may be made without penalty. Payment of premiums for the Blue View Vision plan must be made on a quarterly, semi-annual, or annual basis. It is understood that the Chamber and/or Service Corp have the right to terminate insurance coverage if payment is not received in full.

Any and all requests to terminate and/or change coverage options by the applicant/subscriber must be received in writing. The subscriber remains fully liable for all premiums and fees until receipt of such written notice. Termination and effective dates for any changes are entirely subject to the guidelines and policies of the insurance company and are not the responsibility of the Chamber and/or Service Corp.

A service charge of \$50.00 will be charged for each returned check.

I hereby attest to the fact that I am active employee with a member in good standing of The North Country Chamber of Commerce in Plattsburgh and/or one of its affiliated partner Chambers. My employee status makes me eligible for enrollment in the Blue View Vision plan from Empire Blue Cross offered through the North Country Chamber of Commerce and Plattsburgh Service Corp.

I understand that if at any time my employee status changes or my employer ceases to be a member of the Chamber of Commerce my insurance coverage may be terminated. I understand that if my insurance policy is cancelled I will be subject to a waiting period of at least two years before any re-enrollment may occur.

Employee Signature: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Date \_\_\_\_\_