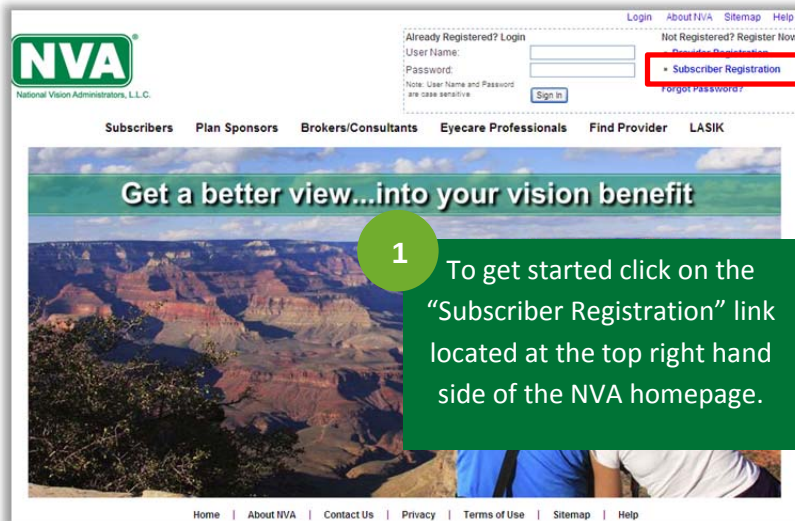


Register at www.e-nva.com in 4 Easy Steps

Registering on the NVA website is fast, easy and secure. As an NVA member you have access to:

- Find an Eye Care Professional based on:
 - Location
 - Frame inventory at \$0 out of pocket cost to you
- Nominate an Eye Care Professional
- Check your copay and coverages under the view eligibility link
- Print ID Cards
- Review and submit claims
- Find the perfect pair of glasses by:
 - Lens types and coatings based on your lifestyle
 - Frames based on face shape, hair color, skin tone, and more



Home > Subscribers > Subscriber Registration

Subscriber Registration

Four Easy Steps: Begin Registration Process, Receive Email Confirmation, Verify Personal Information, Enter User Information

Please fill in all the details below and click 'Submit' to begin the Registration process.

A message will be sent to the email address you provide below. This message will allow you to link included in the message.

You are presently logged in. If you click 'Submit' you will be logged out.

All fields are required.

Subscriber ID: 111111111 (may be your SSN)

Last Name: Jones

First Initial: B

Date of Birth: 01/01/1955 (mm/dd/yyyy)

ZIP Code: 53225 (#####)

Email Address: bob.jones@brownsoffice.com (ab@xy.com)

Confirm Email Address: bob.jones@brownsoffice.com

2 On the Subscriber Registration page enter your personal information and click the "Submit" button to generate an activation e-mail.

Four Easy Steps: Begin Registration Process, Receive Email Confirmation, Verify Personal Information, Enter User Information

Registration process at www.e-nva.com! To continue, please review the personal information below.

Name: BOB JONES

Subscriber ID: 111111111

Date of Birth: 01/01/1955

Street Address: 22 SOUTH STREET

City: TOWNSHIP

State: WI

ZIP Code: 53225

Email Address: bob.jones@brownsoffice.com

Groups: THE BROWN'S OFFICE

Subscribers may be able to view up to 48 months of vision experience, claims history for themselves and for all covered dependents to view their claims history for the purpose of vision benefit management. I understand that this information cannot be used for any other purposes without the written consent of the dependents.

To accept the User Agreement and verify that the above information refers to you, click the "I Agree" button. You will then be asked to select a User Name and Password, the final step in the Registration process.

4 To complete the NVA registration process, click on "I Agree" found on the Verify Personal Information page. Congratulations! You are now registered.

