MONTCLAIR STATE UNIVERSITY

CWA/AFT/IFPTE/NJSOLEA VISION CARE REIMBURSEMENT PROGRAM

Full time employees and eligible dependents are entitled to receive one reimbursement for lenses purchased in a designated two (2) year contract period. Reimbursements may be up to $45 for Eye Exam and Co-pay, up to $80 in Single Vision lenses or contacts, and up to $90 for Bifocals/Trifocal lenses or contacts by an Ophthalmologist or an Optometrist.

The current reimbursement period runs from *July 1, 2023 through June 30, 2025.*

****The Vision Care Reimbursement Program is subject to change upon the ratification of new collective bargaining agreements***

To receive reimbursement, please complete the form below and attach *an itemized receipt* before submitting request to the Benefits Department.

EMPLOYEE SECTION

Employee's Name:_____ Union Type: _____
Department:_____ Title: _____

This application is for: (Please Select)
☐ Self ☐ Spouse ☐ Child ☐ Civil Union/Domestic Partner

Name of Dependent Receiving Lenses:_____ Date of Birth: _____

Exam Date: _____ **Exam Copay:** $_____

Purchase Date: _____

Type of Lenses: (Please Select)

☐ Single Vision/Contacts ☐ Bifocal/Trifocal/Progressive/Contacts

Employee Signature:_____ **Date:** _____

NOTE: Please include original itemized receipts from the vision care provider with employee's name, the services rendered and the amount paid for each service. These documents must be attached to this form and emailed to hr-benefits@montclair.edu. . Your claim will not be processed without a valid receipt.

.

HR/BENEFITS USE ONLY

_____**Approved** (Total) $_____ _____**Denied** (Reason): _____

_____Exam/copay $_____

_____Lenses/ Contact *(Single, Bifocal)* $_____

Authorized Signature:_____ **Date:** _____