



Vision Reimbursement Request

The following outlines the process for submitting a [vision reimbursement](#) for yourself or your dependent(s) in Workday.

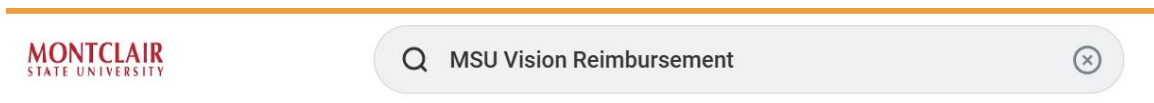
If you need assistance navigating the process, please reach out to Workday Customer Care at 973-655-5000 (option 3) or WCCSupport@montclair.edu.

Workflow Steps

- 1) Employee submits vision reimbursement request in Workday.
- 2) HR Benefits reviews and approves or denies the request.
- 3) Once approved, reimbursement will be processed within one or two payroll cycles.
- 4) If the request is not approved, you will receive a Workday notification.

Instructions

- 1) Log into Workday.
- 2) Type MSU Vision Reimbursement in the Workday search bar.



- 3) Select MSU Vision Reimbursement under Tasks and Report.

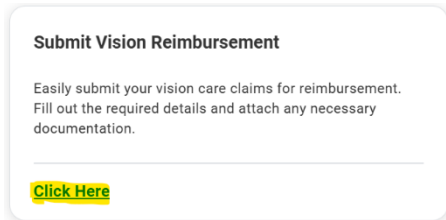
Tasks and Reports

[MSU Vision Reimbursement](#)

Task




4) Select “click here” under Submit Vision Reimbursement.



5) Select who the reimbursement is for.

This application is for: (Please Select) *

Search 

- Self
- Spouse
- Child
- Civil Union/Domestic Partner

Dependent Details

Name of Dependent *

Dependents who are not covered under the employee's State Health Benefits plan, the current 1040 tax form will be required (remove all income and SSN)

NOTE: If the reimbursement is for a dependent not covered under the University's health benefits, you will need to provide a copy of your 1040 form with your dependent listed

6) Select your Claim Group.

Select Claim Group *

CWA/AFT/IFPTE/NJSOLEA/NJLESA ▼

select one

CWA/AFT/IFPTE/NJSOLEA/NJLESA

All Other Employees

7) Indicate the type of lenses for reimbursement and the date of your eye exam.

Type of Lenses: (Please Select one) *


Single Vision/Contacts

Bifocal/Trifocal/Progressive/Contacts

Exam Date *

MM/DD/YYYY 

8) Complete the fields listed below and attach **itemized** receipts to support your reimbursement request.

Purchase Date  Exam Copay (\$)

Approved Exam Copay (\$) Lenses or Contacts (\$)

Approved Lenses Amount (\$)

Itemized Receipt and supporting documents (PDF only) *

9) Click “Okay” to submit your request.







10) To view the status of your reimbursement select the “My Vision Reimbursement” box.

My Vision Reimbursement

Click here to view the status of your claim and track your reimbursement progress.

[Click Here](#)

11) You can view if your reimbursement has been approved, denied or is in process.

Submitter	Application For	ApprovedClaimAmount	Claim Date	Attachments	Claim Status	Comment
	Self	125	2025-02-13	 <small>Te</small>	● Processing	
	Spouse	45	2025-02-13	 <small>Te</small>	● Approved	approved \$45 reimbursement for eye exam for spouse
	Child	80	2025-02-13	 <small>Te</small>	● Rejected	denied reimbursement. missing 1040 tax return