



REQUEST FOR OPTICAL BENEFIT VOUCHER

PLEASE READ CAREFULLY

Please complete the lower portion and return in the envelope provided. If eligible, an optical voucher will be sent to you. When you receive the voucher, please note that the voucher is accepted by participating optometrists, opticians or at the DC 37 Vision Care Center as full payment for the examination and, if prescribed, eyeglasses.* The voucher must be used within 90 days from the date of issuance. The Plan will require a notarized statement indicating that the voucher is lost, stolen or not received. Upon receipt of the notarized statement, a new voucher will be issued, only if requested. If an optical voucher expires, please return the expired voucher to the Plan office. Upon receipt of the expired voucher, we will void it and correct your optical history file. A new voucher will be issued, only if requested.

* Based on the fee schedule

REMINDER

In order to maximize your optical benefit, you must obtain and file for all three services — eye examination, lenses and frames — on the same claim form, whether using the voucher or direct reimbursement method. The three parts of the benefit cannot be split between the voucher and direct reimbursement.

You should be aware that partial usage of the benefit will be considered the same as full usage. For example, if you receive only an eye examination and you do not obtain lenses and frames, you will not be able to use the Standard Benefit for two years. The two year period is measured from the date of the examination, if only an exam was obtained; or from the date of payment, if only lenses and frames were obtained.

E M P L O Y E E	THIS SECTION IS FOR EMPLOYEE INFORMATION. PLEASE PRINT CLEARLY.		
	Social Security Number	Last Name	First Name
	Number and Street Address	Apt. Number	City and State
	Zip Code		
	Job Title	Bus. No. (area code) ()	Home No. (area code) ()
C L A I M A N T	THIS SECTION IS ABOUT THE PERSON FOR WHOM THE OPTICAL VOUCHER IS REQUESTED.		
	FIRST NAME	<input type="checkbox"/> EMPLOYEE <input type="checkbox"/> SPOUSE <input type="checkbox"/> CHILD (Proof of schooling must be on file for child over 19 year old)	
	<input type="checkbox"/> BASIC ONLY <input type="checkbox"/> VDT & BASIC <input type="checkbox"/> VDT ONLY If for EMPLOYEE (Check one box only) If for SPOUSE/CHILD (Basic only)		
O F F I C E	THIS SECTION IS FOR OFFICE USE ONLY • DO NOT WRITE HERE		
	_____ Claim Examiner		