



EYE CARE BENEFIT REIMBURSEMENT FORM

Eye Care Reimbursement

Beginning March 1, 2016, A \$200 Reimbursement for Eye Care purchases rendered on or after March 1, 2016 is available for you and each eligible dependant on your plan.

In order to process your request for reimbursement we will need the following:

Patient / Member Information:

Patient Name: _____ DOB: _____

Member's Identification Number (Last 4 digits of SS#) xxx-xx- _____

Member Name: _____

Vision Prescription

An eyewear prescription is needed to process a reimbursement. Eye exams should be performed every 1-2 years to catch slight vision changes, and make sure your eyes are still healthy. Using the Funds Eye Care locations will make it easier to monitor your eye health.

Order Details

What did you order & was it for you or someone else on your plan? Each individual on your plan with a vision prescription is entitled to \$200 reimbursement each year, with a qualifying purchase. To process your request, we will need to see that total spent per person on your plan. Go to a trusted eyewear store for an exam, or bring your prescription from us, to purchase eyeglasses or contacts. Stores vary, so the order details (showing who ordered what) may be a separate document or combined with your proof of purchase.

Proof of Purchase

Make a copy of your printed receipt, checking or credit card statement showing proof of your eyewear purchase.

Attach: Vision Prescription, Order Details and Proof of Purchase and mail it to:

NYHTC – Eye Care
P.O. Box 36-20953
New York, NY 10129