I.B.E.W. LOCAL 1158 WELFARE PLAN FUND

1149 BLOOMFIELD AVENUE, CLIFTON NEW JERSEY 07012
PHONE# 973-773-3336 FAX# 973-773-1422

VISION CLAIM FORM FOR IBEW 1158

MEMBER'S INFORMATION

PARTICIPANT'S NAME:_____ **SS#**_XXX_-_XX_-_____ **DOB:**_____/_____/_____

EMPLOYER NAME:_____

PATIENT NAME:_____ **DOB:**____/____/____

RELATIONSHIP TO MEMBER: ☐ **SELF** ☐ **SPOUSE** ☐ **DEPENDENT**

PROVIDER INFORMATION:

PROVIDER'S NAME:_____**PHONE#**_____

PATIENT COVERED FOR VISION BENEFITS UNDER ANOTHER PLAN? ☐ **YES OR** ☐ **NO**
If yes, you must submit a copy of primary insurance payment information.

DATE OF SERVICE: _____/_____/_____ ROUTINE EXAM: $_____ CONTACT EXAM: $_____

GLASSES: $_____ COMPLETE PAIR GLASSES ☐ FRAMES ONLY ☐ LENS ONLY ☐

CONTACTS: $_____ NUMBER OF BOXES_____ BRAND_____

Benefits cannot be used for non-prescription sunglasses of any type. The Participant is not entitled to reimbursement from the Plan for non-prescription sunglasses or glasses. Any attempt by the participant and/or provider to obtain reimbursement from the Plan for the cost of non-prescription sunglasses will constitute benefit manipulation. Benefits are provided on an individual basis. Benefits cannot in any way be combined or transferred by any Participant, or the provider, in order to increase the benefit received by the Participant above and beyond the permitted benefit level. If it is determined that the Provider and/or Participant directly or indirectly encourages, assists, accomplishes, or causes benefit manipulation of any type, the relationship between the Provider and/or Participant the Plan will be terminated. In addition, the Plan may pursue any legal rights it has relating to such manipulation.

The information furnished by me on this form is true and complete according to the best of my knowledge and belief. I hereby authorize payment to be made directly to the participant.

_____ _____
SIGNATURE OF PARTICIPANT OR PATIENT **DATE**

MUST ATTACH A COPY OF PATIENT'S VISION PRECRIPTION(S) AND AN ITEMIZED RECEIPT OF PAYMENT.
IF YOU HAVE ANY FURTHER QUESTIONS PLEASE CONTACT THE FUND OFFICE.