

MONTCLAIR STATE UNIVERSITY

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 \$35 for Eye Exam and Co-pay, up to \$40 in Single Vision lenses or contacts, and up to \$45 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:** _____