



# VISION REIMBURSEMENT FORM

Lakeside Industries offers vision services and hardware reimbursement. Employees and their dependent(s) are eligible for a \$200 reimbursement every calendar year. This benefit can be used for an annual eye exam, prescription glasses, and/or prescription contact lenses. **Benefit reimbursement amounts are reset every January 1. There is no rollover balances from the previous year.**

You can see any licensed provider. You will pay the provider directly and then submit the required paperwork for reimbursement.

Once you incur vision out-of-pocket costs, you can submit this claim form with your receipt(s) to Human Resources. You must submit your claim within 90 days from the date you received the service to be eligible for reimbursement.

Employee Name: \_\_\_\_\_ Employee ID: \_\_\_\_\_

Patient Name (if other than employee): \_\_\_\_\_

### VISION CLAIMS FOR REIMBURSEMENT\*

Date of Service	Type of Service (glasses, exam, etc.)	Total
<b>Total reimbursement amount requesting*:</b>		<b>\$</b>

**➤ Don't forget to attach your receipts. ⬅**

\_\_\_\_\_  
Employee Signature Date

*\*Vision reimbursements will be processed on a monthly basis. You must have reimbursement in no later than the 7<sup>th</sup> of the month to be reimbursed the next available payroll date of that month.*

**For HR/Office Use Only:**

Eligible:  Yes Amount available for reimbursement: \$ \_\_\_\_\_  
 No Notification sent to employee \_\_\_\_\_  
(date)

Entered on tracker \_\_\_\_\_  Reimbursement sent to Payroll \_\_\_\_\_  
(date) (date)