



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 are 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
Total reimbursement amount requesting*:		\$

➤ Don't forget to include your receipts. ⚡

Employee Signature (electronic ok) _____
Date

**Vision reimbursements will be processed on a monthly basis. To receive your reimbursement on the first paycheck of the month, you must have the reimbursement submitted no later than the Thursday prior to first pay date of the month. Email forms and receipts to Rhianna.Argudo@LakesideIndustries.com.*

For HR Use Only:

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

Entered on tracker _____ Reimbursement sent to Payroll _____
(date) (date)