

# SHEET METAL WORKERS (LOCAL 280) HEALTH BENEFIT PLAN

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## VISION CARE CLAIM FORM

Member Name

ID Number (from PBC card)

Phone Number

Address

City/Province

Postal Code

**EXPENSE INFORMATION – Please include paid receipts (Originals will NOT be returned)  
CLAIMS WILL BE ACCEPTED BY MAIL, FAX OR EMAIL**

Name of Claimant	Type of Expense (see over for online/out of province purchases)	Date of Purchase/Service	Amount Paid

Do you or any dependents you are claiming for have vision care coverage other than provided by this Plan? Y \_\_\_ N \_\_\_

Name of dependent(s) with other coverage

Name of other insurance carrier

If another insurance carrier is the first payer of this claim, enclose their explanation of benefits, remittance stub or statement. Dependent children are always covered primarily under the parent who has the earliest birth date in the year (*month/day*).

**In situations of separation or divorce, the following order applies:**

1. the plan of the parent with custody of the child;
2. the plan of the Spouse of the parent with custody of the child;
3. the plan of the parent not having custody of the child; and
4. the plan of the Spouse of the parent in 3) above.

**Total reimbursement shall never exceed 100% of the eligible expense.**

I hereby certify that the above listed expenses were incurred by myself or my dependents, on the dates shown and that the information and amounts are correct. I understand that the Sheet Metal Workers (Local 280) Health Benefit Plan is a reimbursement plan and I am not submitting for any amounts I have not paid for in full.

I hereby authorize the plan administrator to use the information provided by me on this form to administer my benefits under the health benefit plan. I further consent to the release of this information to my insurer(s), if applicable and required by my insurer(s), and to my local union office, if required.

Member's Signature

Date

## **Vision Care Policy**

Reimbursement for Eye Exams, Prescription Eyeglasses, Contact Lenses, Corrective Laser Eye Surgery and Cataract Exam/Surgery will be processed by the Sheet Metal Workers (Local 280) Benefits Administration Office. The allowable reimbursement for each member or dependent covered at the time of purchase is 100% of eligible expenses to a combined maximum of \$600.00. **Your Plan is administered different than most other plans, please see below.**

1. Reimbursement will only be made upon completion of the Vision Care claim form and submission of all receipt(s).
2. The start date of a 24-month period for a covered member or dependent shall be determined by his or her first purchase date of eligible Vision Care. This anniversary date will remain constant for the life of the member or dependent coverage.
3. Eligible Vision Care receipts can be submitted up to a maximum 24 months from the purchase date.
4. **You must be covered at both the purchase AND submission dates** (eligible purchases submitted within 30 days of coverage cancellation will be covered).
  - **IMPORTANT - Sample Anniversary:**  
Nov 2013-Nov 2015 means claims PAID by us between Nov 1 2013 and Oct 31 2015 (not necessarily purchases made between those dates).
5. If you have NOT used your full benefit in any period and make a purchase near the end of your anniversary, we can pay the claim in that period. We **MUST** receive the claim in our office **BEFORE** the anniversary resets (Nov 1 2015 in the example above). **THERE ARE NO EXCEPTIONS TO THIS RULE.**
  - Claims are processed this way so that if you have used your full benefit in any period and must make another purchase, you may hold receipts to submit in your next anniversary.
6. We will only reimburse receipts once; any uninsured portion may not be re-submitted at your next anniversary date.
7. You may submit for **out of province or online purchases**, but you must provide **ALL of the following:**
  - a paid receipt in claimant's name;
  - **a packing slip** for proof of delivery **for online orders;**
  - a copy of your credit card statement\* showing the Canadian dollar conversion can be submitted with your claim, otherwise the Bank of Canada exchange rate in effect on the purchase date will be used.

\*Please remember to blank out ALL other credit card information, leaving only the vision care purchase and exchange rate visible.