

# 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

Paid receipts & claim forms are accepted by mail, fax or email

**Name of Claimant**

**Purchase/service date**

**Amount Paid**

**DIRECT DEPOSIT IS NOW AVAILABLE "SEE ATTACHED"**

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 your 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 by the parent with the earliest birth date of the year (mm/dd).

**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 parent's spouse 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 that I have not paid in full or have been reimbursed by another carrier.

I hereby authorize the plan administrator to use the information I provided on this form to administer my health benefit plan benefits.

**Member's Signature**

**Date**

## VISION CARE POLICY

The Sheet Metal Workers (Local 280) Benefits Administration Office will process reimbursement for eye exams, prescription eyeglasses, contact lenses, corrective laser eye surgery, and cataract exam/surgery. The allowable reimbursement for each member or dependent covered at the time of purchase is 100% of eligible expenses every two years, to a combined maximum of \$600.00. Your Plan is administered differently 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).
  - **NEW** - Direct deposit is now available for reimbursements; please contact the office if you have not received the direct deposit enrollment form.
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 24 months after 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 2025-Nov 2027 means claims PAID by us between Nov 1, 2025, and Oct 31, 2027 (not necessarily purchases made between those dates).
5. If you have NOT used your full benefit in any period and made 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, 2027, 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.



# DIRECT DEPOSIT ENROLLMENT

**To have your reimbursement deposited directly to your bank account, complete and return this form with your claim**

OR

☐ I do not want direct deposit, please issue a paper cheque (tick box)

## PART 1 – MEMBER INFORMATION

Policy number	ID number	Email address	
First name		Last name	
Street address	City	Province	Postal Code

## PART 2 – ACTION REQUESTED

<input type="checkbox"/> Initial set-up of direct deposit	<input type="checkbox"/> My banking information has not changed since the last deposit
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☐ Change existing direct deposit information      Effective date of change      MM /DD/YYYY

## PART 3 – FINANCIAL INSTITUTION INFORMATION

Attach your sample cheque marked VOID in the space below.

If you do not have a void cheque, attach a copy of the information from your bank that clearly indicates the transit number, financial institution number, and account number. The information must be for the account where you want the claim payments deposited.

**HANDWRITTEN INFORMATION WILL NOT BE ACCEPTED**

ATTACH VOID CHEQUE OR BANK PRINT OUT HERE

## PART 4 – DIRECT DEPOSIT AUTHORIZATION

I understand that the personal information provided on this form will be collected and used to deposit payments into my account, as outlined in the privacy policy of the Sheet Metal Workers (Local 280) Health Benefit Plan.

I authorize the Sheet Metal Workers (Local 280) Health Benefit Plan to deposit payments due to me into my account until I provide further written notice. I agree that the Sheet Metal Workers (Local 280) Health Benefit Plan will not be liable for any payments based on this authorization and can discontinue direct deposits anytime.

I, on behalf of myself, my heirs, executors, administrators, and assigns, consent and agree that any funds paid to the bank after my death may be refunded to the Sheet Metal Workers (Local 280) Health Benefit Plan to be distributed to the person entitled to them under the terms of the policy.

Member name (please print)

Member signature

Date (mm-dd-yy)

## **DIRECT DEPOSIT**

A safe, convenient and confidential way to receive your claim payments.

### **IT'S CONVENIENT**

No more waiting for the letter carrier to deliver a cheque. Money is available as soon as it is deposited, even if you cannot get to the bank or are away.

### **IT'S SAFE**

Unlike paper cheques, which can sometimes go astray or be forgotten in a jacket pocket, payments made through direct deposit always reach their destination.

### **IT'S CONFIDENTIAL**

Your information is safe with us. As a health organization, we regularly receive and process confidential information, so our systems have been designed with security and confidentiality in mind.

### **IT'S FLEXIBLE**

Signing up or changing your bank information can be initiated anytime.

## **QUESTIONS YOU MAY HAVE**

### **HOW WILL I KNOW THAT MY CLAIM PAYMENT HAS BEEN DEPOSITED?**

Your bank statement will indicate an electronic payment has been made to your account.

### **WHAT HAPPENS IF THE DIRECT DEPOSIT FAILS?**

The direct deposit procedure could fail if a bank account is closed or the account number on file is incorrect. We will mail you a cheque if the banking information is not corrected.

### **DO YOU CHARGE FOR THIS SERVICE?**

No. We provide this convenient service at no charge to you.

### **IF I SIGN UP FOR DIRECT DEPOSIT, HOW CAN I BE SURE THAT NO ONE ELSE WILL HAVE ACCESS TO MY ACCOUNT?**

Your banking information is safe with us. As a health organization, we regularly receive and protect confidential information. Our access to your account is limited to depositing claim payments. Only you can authorize withdrawals from your account.

Receiving your money through direct deposit is more reliable and confidential than being paid by cheque because fewer steps are involved in the delivery and deposit of your claim payment.