



VISION CARE PLAN CLAIM FORM

To receive your Vision Care Plan reimbursement, please complete the lower portion of this claim form and send the entire form, along with an **original itemized receipt** to our offices at either of the addresses listed below:

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| CAMPUS MAILING ADDRESS: University Human Resources Administrative Services Building II George H. Cook Campus (848) 932-3020 | U.S. MAILING ADDRESS: Rutgers, The State University of New Jersey University Human Resources 57 U.S. Highway 1 New Brunswick, NJ 08901-8554 |
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IMPORTANT INFORMATION NEEDED FROM YOU:

- An **original itemized receipt** should include the following:
 - Name of the person receiving the lenses or contacts;
 - Name of optometrist or provider.
 - Date of lens purchase;
 - Cost of lenses (must be shown *separately* from frames, eye exam or fittings);
 - Type of lenses (e.g. single-vision, bifocals, trifocals, contacts with # of boxes);
- You and each of your eligible dependents are entitled to receive one reimbursement for lenses purchased in a designated two-year contract period. Up to \$45 may be reimbursed for the purchase of single-vision lenses or contacts, and up to \$50 for bifocal / trifocal lenses or contacts. For all contact lenses, 1 box per eye will be reimbursed, not exceeding the \$45 or \$50 total amount.
- Please be advised that the Rutgers University vision care plan does not apply to RBHS employees.**
- The Vision Care plan does not reimburse for: frames, coatings, exams, fittings, eyecare supplies or lens tinting.
- Vision Care plan does not reimburse for purchases made through GroupOn, Living Social or similar social media discount programs.

PLEASE COMPLETE THE FOLLOWING:

Employee's Name: _____ Employee ID #: _____

Campus Department / Address: _____

Name of Person Receiving Lenses: _____ Date of Birth: _____

Relationship to employee (please check):

- Self
 Spouse
 Child
 Civil Union / Domestic Partner
 Civil Union / Domestic Partner's Child

Lens Purchase Date: _____ # of Boxes of Contacts (If Applicable): _____

Type of lenses (please check): Single-Vision / Contacts Progressive/Bifocal/Trifocal/Contacts

NOTE: Your claim CANNOT be processed without an original receipt that itemizes the above information.
****IF NOT SIGNED, FORM WILL BE RETURNED****

Employee's Signature: _____ Date: _____

FREQUENTLY ASKED QUESTIONS

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| Who is eligible? | <ul style="list-style-type: none"> • Regularly appointed full-time faculty / staff <u>in legacy Rutgers positions (Class 1, 3 and 6 employees)</u> • Legal spouse or registered same-sex civil union or same-sex domestic partner of eligible employee • Eligible children until the end of the year in which the 26th birthday occurs • <u>Rutgers employees in legacy UMDNJ positions, as well as their spouses, dependent children, and civil union / domestic partners are NOT currently eligible for to participate in the Vision Care program.</u> |
| When can new employees use the program? | <p>Academic Year – 10 month employees with a September 1 hire date are eligible September 1st.</p> <p>Calendar Year – 12 month employees are eligible after 2 months of continuous employment (i.e. August 15 hire date = October 15 effective date)</p> |
| What are the benefits? | <ul style="list-style-type: none"> • Up to \$45 reimbursement for purchase of single-vision eyeglasses or contact lenses • Up to \$50 reimbursement for purchase of bifocal or trifocal lenses or contact lenses <p>* - For all contact lenses, 1 box per eye will be reimbursed, up to \$45 for single-vision contacts and up to \$50 for bifocal / multifocal contacts</p> |
| How often can an eligible member be reimbursed? | <p>Once every 2-year contract period Current contract period = July 1, 2015 – June 30, 2017</p> |
| How long does it take to receive reimbursement? | <p>Please allow 1 – 2 weeks for processing. Vision Care reimbursement will be included in your regular paycheck, under the code "VisionReim."</p> |
| Is the reimbursement taxable income? | <p>No, reimbursements are not taxable.</p> |
| When does coverage terminate? | <p>Academic Year – 10 month employees – coverage is suspended July and August, and resumes September 1 if reappointed</p> <p>Calendar Year – 12 month employees – coverage continues until the end of the month of the last day in active pay status.</p> |
| What purchases are not eligible for reimbursement under the provisions of the Vision Care Plan? | <p>The Vision Care Plan does not reimburse for the following purchases:</p> <ul style="list-style-type: none"> • Frames, coatings, exams, fittings, supplies or lens tinting; • Purchases made through GroupOn / Living Social or other social media discount providers. |