

EMPLOYER AUTHORIZATION

AUTHORIZATION SIGNATURE (Print and Sign) _____

AUTHORIZATION DATE *This form expires 30 days after authorization* _____

EMPLOYEE NAME (LAST, FIRST) _____

DISPENSING LOCATION **Account#** _____
 eyecare provider's name, address, and phone number _____

EMPLOYEE COST CTR/DEPT/LOCATION _____

Dispensing Service Date: _____

EMPLOYEE ID NUMBER _____

EMPLOYEE PHONE NUMBER _____

PAYMENT RESPONSIBILITY (N) NOT ALLOWED

Walman Optical Safety Eyewear Package *Large Volume*

Item Cost		Item Cost	
LENS STYLE		LENS ENHANCEMENT	
SINGLE VISION \$25		NON-GLARE Sentinel+UV \$65	
SINGLE VISION DIGITAL \$50		HARDCOAT SCRATCH PROTECTION TD2 Hardcoat \$28	
LINED BIFOCAL OR TRIFOCAL \$45		ANTI-FOG <u>NON-GLARE</u> Crizal Optifog \$85	
UNITY VIA PROGRESSIVE \$115		ANTI-FOG <u>HARDCOAT</u> Fogless \$38	
OTHER DIGITAL PROGRESSIVE \$175		TRANSITIONS Photochromic \$78	
DOUBLE SEGMENT BIFOCAL \$95		SOLID TINT <u>INDOOR</u> Shade #1 or Lighter \$0	
LENS MATERIAL		SOLID TINT <u>INDOOR</u> Shade #2 \$0	
TRIVEX 1.53 \$38		BLUTECH <u>INDOOR</u> \$48	
POLYCARBONATE \$0		SOLID TINT <u>OUTDOOR</u> or <u>BRAZING</u> Shade #3 or Darker \$13	
FRAME Z87-2+		POLARIZED \$62	
BASIC GROUP \$0		BLUTECH <u>OUTDOOR</u> Polarized 1.56 \$78	
GROUP 1 to GROUP 8 \$15 to \$100		EYECARE PROVIDER SERVICES	
SIDESHIELDS <u>DETACHABLE</u> \$0 or \$3		DISPENSING FEE	25.00
SIDESHIELDS <u>PERMANENT</u> \$0 or \$3			

ORDER FORM

A current eyeglass prescription is required (current eyeglass prescription is not expired and is dated within 2 years). Eye examination costs are not part of the safety eyewear program and if needed, the eye examination cost is the employee's responsibility payable to the eyecare provider.

LENS STYLE AND RX	SPHERE	CYLINDER	AXIS	PRISM
SINGLE VISION _____ R				
DIGITAL SV _____ ~Specify OC Height for digital SV				
LINED MULTIFOCAL _____ ~Enter segment size: (i.e. ST28, 7x28)				
DOUBLE SEG _____ R	ADD	SEG HT	OC HT	DIST PD
UNITY VIA _____ REGULAR, SHORT, WRAP, OFFICE ~specify WRAP for 8 base frame styles				NEAR PD
OTHER _____ L				
LENS MATERIAL	TRIVEX 1.53 _____	POLYCARBONATE _____	CR-39 PLASTIC _____	
LENS ENHANCEMENT <i>Note: non-glare and hardcoat options cannot be combined</i>				
NON-GLARE Sentinel+UV _____ Crizal Optifog anti-fog non-glare _____ HCW scratch warranty with non-glare _____ ~Purchase of a non-glare requires the purchase of a hardcoat warranty for the scratch warranty to apply.				
HARDCOAT TD2 Hardcoat _____ Fogless anti-fog hardcoat _____ ~Scratch warranty is included with the purchase of TD2 hardcoat or Fogless anti-fog hardcoat.				
TRANSITIONS Gray _____ Brown _____ Other _____				
SOLID TINT <u>INDOOR</u> specify color _____ 1/2 _____ #1 _____ #2 _____ BLUTECH Poly _____ 1.56 _____				
<u>OUTDOOR/BRAZING/WELDING</u> specify color _____ Solid#3 _____ Polarized#3 _____ BLUTECH Polarized _____				
FRAME INFORMATION Z87-2+	LENSES ONLY _____	CSIZE _____	LAB TO SUPPLY FRAME _____	
	FRAME TO COME TO LAB _____	FRAME ENCLOSED W/FORM _____		
MANUFAC TURER _____	FRAME NAME _____	COLOR _____	SIZE _____	
SIDESHIELDS PERMANENT _____ DETACHABLE _____ ADDITIONAL PAIR SHIELDS _____				

EMPLOYEE PORTION

Enter the cost for ALL items and then subtract the employer portion.

LENS STYLE	\$ _____
LENS MATERIAL	\$ _____
COLOR _____	\$ _____
COAT _____	\$ _____
COAT _____	\$ _____
FRAME	\$ _____
SIDESHIELDS \$3 if Group 1-8	\$ _____
DISPENSING FEE	\$ <u>25.00</u>
HANDLING CHARGE	\$ <u>4.00</u>
EMPLOYEE TOTAL	\$ _____

Prescription Warranty: Lens replacement if prescription change within 60 days of invoice date.
 Measurement Error (Pd Or Segment Height): Lens replacement if dispensing error within 60 days of invoice date.
 Manufacturer Warranty: Lens or frame replacement if manufacturer defect within 1 year of invoice date. ~Scratches are not a manufacturer defect.
 Scratch Warranty With Hardcoat Purchase: One-time lens replacement if scratched for any reason within 1 year of invoice date.
 No Returns, Refunds or Restyling:
 ~Any lenses replaced under warranty must be in the original frame purchased.
 ~No frame changes; prescription lenses are customized to each frame ordered.
 ~No cancellations; full cost is due if order has been started in the laboratory.

INSTRUCTIONS: All ANSI approved safety frame and lens options are allowed. **Members are responsible for the complete cost of prescription safety glasses, including the \$25 dispensing fee, and the \$4 handling charge payable to the eye care provider at the time of order. Dispensing fee and cost of an eye examination are the employee's responsibility payable directly to the eyecare provider. For reimbursement member must file a claim as an out-of-network claim through VSP. Form available at the Plan Office or online at www.ibew110.org/asc. You are only eligible for benefits under VSP one time per calendar year using either a Network or a Non-Network provider. Benefits cannot be split between Network and Non-Network services.**

ENTER YOUR OFFICE INFORMATION AND COMPLETE THE ORDER FORM SECTION with the prescription and order detail. Be sure to include: PD measurements, segment size for bifocals and trifocals, seg height for all multifocal orders, and frame manufacturer, name, color and size. Determine the employee cost. Fax this completed form to the lab for fabrication. The complete safety eyewear is mailed to the eyecare provider for Rx verification and a proper fitting.