



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:

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:

- 1) 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);
- 2) 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.
- 3) **Please be advised that the Rutgers University vision care plan does not apply to RBHS employees.**
- 4) The Vision Care plan does not reimburse for: frames, coatings, exams, fittings, eyecare supplies or lens tinting.
- 5) 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

<p>Who is eligible?</p>	<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, OPEIU Local 153, HPAE 5089, 5135, 5094, CWA 1031 and 1040, IOUE Local 68 and Teamsters Local 97 as of July 1, 2019 are eligible.</u>
<p>When can new employees use the program?</p>	<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>
<p>What are the benefits?</p>	<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>
<p>How often can an eligible member be reimbursed?</p>	<p>Once every 2-year contract period Current contract period = July 1, 2017 – June 30, 2019</p>
<p>How long does it take to receive reimbursement?</p>	<p>Please allow 1 – 2 weeks for processing. Vision Care reimbursement will be included in your regular paycheck, under the code "VisionReim."</p>
<p>Is the reimbursement taxable income?</p>	<p>No, reimbursements are not taxable.</p>
<p>When does coverage terminate?</p>	<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>
<p>What purchases are not eligible for reimbursement under the provisions of the Vision Care Plan?</p>	<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.