

Eye Examination Reimbursement Request

Available to dependents listed on current health enrollment form.
Dependent children up to age 19 or age 23 if attending college full time.

If enrolled in the CIGNA vision plan – your reimbursement will be the cost of your CIGNA vision plan co-pay.

Employee Name: _____

Home Street Address: _____

City: _____ Zip: _____

Employee T # (Do not use SSN): _____

Name of Doctor: _____

Name of Patient: _____

Date of Exam: _____ Birth Date of Patient: _____

Relationship: (Circle one) Self Spouse Child

Union Affiliation: (Circle one) UAW OCOPE SECURITY

An original receipt must accompany the completed form for reimbursement.