

State Vision Plan

Specialty Glasses Employee Certification Form



THIS FORM IS ONLY TO BE COMPLETED BY HR OFFICES
on behalf of employees requesting specialty safety/computer glasses

Has the employee already purchased the Specialty Computer Glasses?

YES: The glasses are reimbursable through the Plan at the out-of-network rate. To start the process please complete Section 1 and EyeMed will contact the employee.

NO: Please complete the entire form as instructed.

Has the employee already purchased the Specialty Safety Glasses?

YES: This form cannot be used as safety glasses are not reimbursable through the Plan.

NO: Please complete the entire form as instructed.

Section 1: Information about the employee seeking specialty glasses. The employee's EyeMed Member ID Number can be found on their Vision ID Card or by contacting EyeMed at 833-279-4355. The Employee Email field should be completed in order for the employee to receive confirmation of approval.

Employee First Name:

Employee Last Name:

Employee ID:

Date of Birth:

Gender:

Work Email:

Phone #:

EyeMed Member ID #:

Section 2: To be completed by the HR Office. A copy of this form is not forwarded to the employee so HR information on this form is not disclosed.

HR Approval: I confirm that the employee listed above is eligible to receive:

Computer Glasses

(Group ID 1017761/Subgroup 1001)

Computer Glasses

(Check for MSPTA employees only)

Safety Glasses

(Group ID 1017762/Subgroup 1001)

HR Rep:

HR Rep Employee ID:

HR Rep Phone #:

HR Email:

HR eSignature:

Note: This form should only be submitted by HR Offices.

The EyeMed Member ID # can be found on the front of their State Vision Plan Card or by calling EyeMed at 833-279-4355

