

# 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)

**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

