UNITED PROBATION OFFICERS ASSOCIATION WELFARE FUND
AND RETIREMENT WELFARE FUND
375 West Broadway, 4th Floor New York, N.Y. 10012
Tel: (212) 226-1069 Fax: (212) 226-6181

OPTICAL BENEFITS

Each member, retiree and spouse is entitled to reimbursement up to the limits of the benefit for prescription optical services. The member may use any provider of optical services and the amount of reimbursement is the same. There is no coverage for non prescription sunglasses in the Plan.

Each unmarried dependent child under age 19 and each unmarried student between the ages of 19 and until their 22nd birthday attending a duly accredited educational institution are entitled to the same benefit.

DIRECT REIMBURSEMENT

The Welfare Fund will reimburse you up to the amount of the benefit for any provider. In order to receive direct reimbursement, you must complete the DIRECT REIMBURSEMENT section and return the completed form to the Fund Office with the original bill from the optical provider. Use a separate form for each covered person when applying for direct reimbursement. The optical provider should specify on the bill the following information:

a. Member of Retiree's name
b. Patient's name
c. Date of service
d. Type of service obtained
e. Cost of the service
f. The prescription

☐ Retiree's name
☐ Employee's name _____ SS#_____
Last First

Address _____
No. Street City State Zip Code

Patient's name _____ Relationship _____

Date _____ Employee's Signature _____

Attach a detailed original bill from the optometrist or optician on their stationery indicating name, service rendered, type of glasses purchased and prescription.

FOR FUND USE ONLY