



UNITED PROBATION OFFICERS ASSOCIATION WELFARE FUND & RETIREMENT WELFARE FUND

2510 Westchester Ave, Suite 207 • Bronx, NY 10461 • 212.226.1069 • Fax 917.398.1640

Please return completed, signed, and dated form, and supporting documentation, via mail to the above address or upload to www.asonet.com. All questions should be directed to the Fund at the above number. Save a copy of form and documentation for your records.

OPTICAL BENEFIT (Member, Retiree, and Eligible Dependents)

Each member, retiree, and spouse is entitled to reimbursement up to the limits of the benefit for prescription optical services as per the Summary Plan Description. 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. Claims must be submitted within **one year** of date of purchase.

DIRECT REIMBURSEMENT

The Welfare Fund will reimburse you up to the amount of the benefit as described in the Summary Plan Description for any provider. In order to receive direct reimbursement, you must complete the **DIRECT REIMBURSEMENT** section below 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. The optical provider should specify on the bill the following information:

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

Retiree Active

Name _____
 First Middle Last Social Security Number

Address _____
 Number Street City/Town

 State Zip Apt. No Cell Phone Number

Patient name _____ Relationship _____

Date _____ Employee Signature _____

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

OFFICE USE ONLY

Claim # _____ Date _____

Denied Approved Amount paid _____