

**STONE AND MARBLE MASONS OF METROPOLITAN WASHINGTON D.C.
HEALTH AND WELFARE FUND**

7130 Columbia Gateway Drive, Suite A
Columbia, MD 21046
(410) 872-9500

Vision Care Claim Form

**THE BENEFIT ALLOWANCE WILL BE PAID TO THE EMPLOYEE ONLY
PLEASE ATTACH THE ITEMIZED BILL AND A COPY OF YOUR PAID RECEIPT**

Participant Information (Please Print)

Employee Name: _____ Social Security Number: _____

Address: _____
Address City State Zip Code

Telephone Number: _____ Company Employed By: _____

Have you used the vision program before? Yes No

Do you have any other insurance coverage? Yes No If yes, name of insured: _____

If yes, provide the name of insurance company and the policy number: _____

ACKNOWLEDGEMENT - TO BE SIGNED BY THE EMPLOYEE:

The undersigned employee certifies that the above information is true and correct and the below services and materials were rendered and supplied as indicated. The undersigned also agrees to pay the doctor for the below services and materials. I hereby authorize the doctor to release the information requested on this form.

Signature of Employee

Date

Vision Care Benefits

- The Plan will reimburse eligible Stone and Marble Masons and Rubblemens and Caulkers (and their dependents) for eye examinations and glasses up to \$400.00 once per year. Coverage is limited to one exam in 12 months.
- Eligible Members and Dependents will have a \$1,000.00 lifetime benefit for laser vision surgery.
- Eligible Members and Dependents will qualify for reimbursement of tinted glasses.
- Pediatric vision expenses will be paid at 100%, subject to the limitations and restrictions reflected in the Summary Plan Description, but not limited to lenses, materials, and eye exams.

To Be Completed By Doctor (Complete Appropriate Items Below)

Examination Fee: \$ _____ Ophthalmic Materials: \$ _____ Single or Multi-Vision Lenses: \$ _____

Patient Name: _____ Age: _____ Date of Examination: _____

Address of Doctor: _____
Address City State Zip Code

Signature of Doctor

Type or Print Name and Federal Tax I.D. Number