Construction & Metal Trades Divisions

The Steamfitters' Industry Fund Office

27-08 40th Avenue, 2nd Floor
Long Island City, NY 11101-3725
(212) 465-8888
www.steamfitters.com
FundOffice@steamny.com

METAL TRADES WELFARE FUND
APPLICATION FOR VISION CARE BENEFITS

- **All information on this application must be completed. This application must be accompanied by an "itemized receipt" for services rendered or equipment purchased. The maximum benefit is listed on the reverse side. Please read the reverse side of this application for further details about this benefit. You must complete a separate application for each claim.**
- **Checks will be mailed to the address the Fund Office has on file for you. If you wish to change your address please call the Fund Office for the necessary *Change of Address* form.**
- **Please take advantage of Direct Deposit so you can receive your benefit payment electronically. You can download a form from steamfitters.com under the forms section or call our office at 212.465.8888 to have one sent.**

Book Number _____

Name _____

_____ Home phone _____ Mobile _____ E-mail

Claim is for:

☐ Member ☐ Spouse

☐ Dependent

Dependent's Name _____
[Legal Dependent Only]

SIGNATURE _____ **DATE** _____

VISION CARE BENEFITS

Vision Care Benefits are available for you and your dependents. This benefit will reimburse you for the cost of eye examinations, frames, and/or lenses including contact lenses. Non-prescription sunglasses are not eligible for reimbursement.

If you are ordering prescription glasses online the itemized bill must contain the patients name and must be accompanied by the doctor's prescription. The doctor's prescription and the prescription on the itemized bill from the online provider must match in order for the claim to be deemed valid.

Please note that the Welfare Fund will not accept handwritten itemized bills for reimbursement. If the provider will only supply you with handwritten itemized bills you **must** submit proof of payment (cancelled check, credit card statement, etc.)

Vision Care Benefits are available in the amount of $400 per person each calendar year. The date of service or the purchase date are the applicable dates; not the date you file the claim form. In addition, you must be covered on the Welfare Fund on the date of service or the purchase date.