

**METAL TRADES WELFARE FUND  
APPLICATION FOR VISION CARE BENEFITS**

- All information on this application must be completed.
- Please read the reverse side of this application for further details and updated documentation requirements needed for this benefit.
- Welfare Fund disbursements are processed every Thursday. If you are enrolled in direct deposit, funds are available in your bank account on Friday. If you are not enrolled in direct deposit, a check will be mailed to your address on file at the Fund Office on Friday.
- To avoid mailing delays and receive your reimbursement faster, we strongly encourage all participants to enroll in direct deposit with the Fund Office. Please take advantage of Direct Deposit so you can receive your benefit payments electronically. You can download a form on steamfitters.com under the Forms section or contact our office at 212-465-8888 to request that a form be mailed to you.

Book Number \_\_\_\_\_

Name \_\_\_\_\_

\_\_\_\_\_ Home Telephone

\_\_\_\_\_ 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 eligible participants and their dependents. This benefit provides reimbursement for the cost of eye examinations, frames, and/or lenses, including contact lenses. Non-prescription glasses and sunglasses are not eligible for reimbursement. Please note that the Welfare Fund no longer accepts handwritten itemized bills for reimbursement purposes.

If you are submitting a claim for prescription glasses, the itemized bill must include the patient's name and must be accompanied by your eye doctor's prescription. The prescription provided by the eye doctor must match the prescription filled on the itemized bill from the provider in order for the claim to be considered valid.

Additionally, proof of payment must be submitted with the claim, including but not limited to a cancelled check, credit card statement, bank statement, or similar documentation.

Vision Care Benefits are available in the amount of \$400 per person per calendar year. Eligibility is determined based upon the date of service or purchase date, not the date the claim form is submitted. Participants must be covered under the Welfare Fund on the applicable date of service or purchase date in order for the expense to be eligible.