



**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.

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

Name \_\_\_\_\_

Home Telephone	Mobile	E-mail

Claim is for:

- Member                       Spouse
- Dependent

Dependent's Name \_\_\_\_\_  
[Legal Dependent Only]

<b>SIGNATURE</b> _____	<b>DATE</b> _____
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## 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.

Vision Care Benefits are available in the amount of \$300 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.