

WAYNE COUNTY OPTICAL REIMBURSEMENT FORM

In order to process your claim for reimbursement for optical expenses, please provide our office with the following information, COMPLETED IN ITS ENTIRETY by the subscriber (employee, retiree, or COBRA enrollee) or custodial parent.

SUBSCRIBER NAME: _____

ACTIVE EMPLOYEE RETIREE COBRA ENROLLEE

SOC. SEC. NO. (LAST FOUR DIGITS): _____

EMPLOYEE ID NO.: _____

CUSTODIAL PARENT NAME (IF SUBMITTING): _____

SOC. SEC. NO.: _____

HOME ADDRESS: _____

DEPARTMENT NAME: _____

DAYTIME PHONE NUMBER: _____

AIRPORT AUTHORITY EMPLOYEE?

YES NO

CURRENTLY ON LEAVE OF ABSENCE?

YES NO

PERSON RECEIVING SERVICES: _____

SOC. SEC. NO. (LAST FOUR DIGITS): _____

RELATIONSHIP TO SUBSCRIBER:

SELF SPOUSE DEPENDENT

BIRTHDATE: _____

DATE (S) OF SERVICE: _____

TOTAL AMOUNT CLAIMED FOR REIMBURSEMENT
FROM RECEIPT (\$):

\$ _____

SIGNATURE: _____

DATE SIGNED AND SUBMITTED: _____

PLEASE SUBMIT ITEMIZED PAID RECEIPTS. YOU WILL ONLY BE REIMBURSED FOR WHICH YOU HAVE PROOF OF PAYMENT. PLEASE COMPLETE ONE FORM PER PERSON RECEIVING SERVICES.

SEND CLAIMS TO:

ACTIVE EMPLOYEES, CUSTODIAL PARENTS, RETIREES & COBRA ONLY

Wayne County Benefit Administration Division
600 Randolph Street, Suite 107
Detroit, MI 48226
ATTN: OPTICAL REIMBURSEMENT
Fax: (313) 967-6027

AIRPORT AUTHORITY

Wayne County Airport Authority
L.C. Smith Terminal - Mezzanine
Detroit, Michigan 48242
ATTN: OPTICAL REIMBURSEMENT
Fax: (734) 942-1590

QUESTIONS: (313) 224-5901

(734) 247-7109

OPTICAL REIMBURSEMENTS TAKE UP TO 4 WEEKS TO PROCESS. REIMBURSEMENTS WILL BE ENTERED AS A NON-TAXABLE EARNING ON YOUR BI-WEEKLY PAY OR MONTHLY PENSION CHECK UNLESS YOU DO NOT CURRENTLY RECEIVE A CHECK FROM WAYNE COUNTY; A SEPARATE CHECK WILL BE ISSUED IN THAT CASE.

FOR OFFICE USE ONLY

DOS		TOR	
-----	--	-----	--

WAYNE COUNTY OPTICAL REIMBURSEMENT PROGRAM

Wayne County provides active employees and retirees with vision benefits through an optical reimbursement program. This self-funded, self-administered program allows eligible employees, retirees, custodial parents and COBRA enrollees electing this coverage to submit, for reimbursement, expenses incurred for prescription lenses (eyeglass or contact), prescription frames and vision examinations rendered by a licensed optometrist, optician or ophthalmologist.

The maximum reimbursement amount per family member is specified in your current labor agreement as is renewed on a specified date every two years; currently December 1st of every odd year. There is no restriction as to where you may obtain services.

Reimbursement amounts are based on the amount remaining available for the specified family member in the policy period in which the date of service falls.

To receive benefits through the optical reimbursement program, you must submit to the appropriate office an Optical Reimbursement Form along with a paid receipt itemizing the optical expenses and indicating the person incurring these

expenses. Without this information, reimbursements cannot be processed.

Reimbursements will be paid as a non-taxable earning in your bi-weekly payroll check / monthly pension check unless you are not currently receiving a regular payroll / pension check from Wayne County. A separate check will be issued in those cases.

**For more information please contact:
Wayne County Benefit Administration
Division at (313) 224-5901
Wayne County Airport Authority at (734)
955-5670**