

OPTICAL PLAN REIMBURSEMENT

DATE: _____

EMPLOYEE'S NAME _____

DATE OF LAST REIMBURSEMENT: Exam _____ Frames _____
(For Treasurer's Office only)

TOTAL EXAM REIMB. _____ TOTAL FRAME REIMB. _____
(Employee to complete) (Employee to complete)

OPTOMETRY VISION CARE

ALLOWANCE PER EMPLOYEE

VISION & HEALTH EYE EXAM

\$75.00 EACH YEAR

FRAMES AND LENSES

\$300.00 EVERY TWO YEARS

TOTAL AMOUNT OF REIMBURSEMENT REQUESTED _____

**A CANCELLED CHECK OR BILL MARKED PAID FOR EACH ITEM MUST
BE SUBMITTED FOR REIMBURSEMENT.**

APPROVED BY _____
TREASURER'S OFFICE

APPROVED BY _____
VILLAGE ADMINISTRATOR

Optical plan reimb. July 17, 2007
Resolution passed July 13, 2004