

# 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 (S):   \$ \_\_\_\_\_

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  
500 Griswold Street, Suite 900  
Detroit, MI 48226  
ATTN: OPTICAL REIMBURSEMENT  
Fax: (313) 967-6027

**QUESTIONS:**   (313) 224-7721 or (877) 220-7721

**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**

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## **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 October 1<sup>st</sup> 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 Benefits Administration Division at (313) 224-7721 or Toll Free at (877) 220-7721**