UNION OF RUTGERS ADMINISTRATORS
AMERICAN FEDERATION OF TEACHERS
75 RARITAN AVENUE, SUITE 255
HIGHLAND PARK, NJ 08904
PHONE: 732-745-0300 FAX: 732-745-0400
WWW.URA-AFT.ORG

Claim Form - Vision Care Reimbursement Program

Please complete and send this form, along with itemized receipts to the address or fax number above.

Important information needed from you:

1. An itemized receipt that includes the following (photocopy is acceptable):
   - Name of person receiving the glasses or contacts.
   - Date of purchase
   - Cost of glasses (frames and lenses) or contacts. Exam costs are not eligible. Up to $45 per person is reimbursed except for an additional $5 for bi/tri/multifocal or progressive lenses ($50 total).
   - Name and address of optometrist or provider

2. You and your eligible dependents are entitled to receive one reimbursement every two years for glasses or contacts purchase on or after July 1, 2025. This program will follow the same dependent eligibility criteria as the Rutgers University Vision Care Plan.

3. Only full dues-paying members in good standing of the URA-AFT are eligible to participate.

NOTE: Your claim cannot be processed without an itemized receipt that itemizes the above information. Photocopies are acceptable. Claims are fulfilled quarterly so your check may take up to 90 days to arrive.

Union member's name: _____ Home phone: _____

Mobile phone: _____ Home email address: _____

Mailing address: _____

Complete the following for each eligible person (including yourself). Include a request for multi or bifocal lenses, if applicable. Indicate the amount that Rutgers is expected pay or has already paid:

Name: _____ Relationship: _____ Multi/bifocal? ☐ Rutgers amt.: _____

Name: _____ Relationship: _____ Multi/bifocal? ☐ Rutgers amt.: _____

Name: _____ Relationship: _____ Multi/bifocal? ☐ Rutgers amt.: _____

Name: _____ Relationship: _____ Multi/bifocal? ☐ Rutgers amt.: _____

Union member's signature: _____ Date: _____

Revised: Oct. 2021

URA-AFT Vision Care Reimbursement Program

Oct. 2021

Why is this program needed? Rutgers University provides a benefit for vision care to its employees, but it is not enough to cover all the costs; and it does not cover frames—only lenses. Rutgers' management team refused to increase the benefit during union contract negotiations.

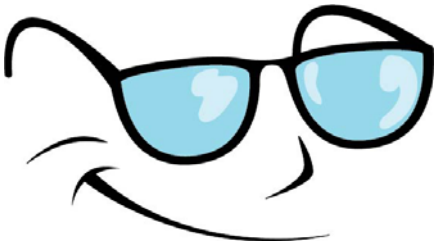
How will it work? The URA-AFT will reimburse ***signed, dues-paying URA-AFT members*** up to the same maximum amount provided by the Rutgers University Vision Care Plan on the balance of the total eligible expenses for the member and any eligible dependent. Claims are processed on a first-come first-served basis (up to and including the total amount approved in the URA-AFT annual budget for this program).

Why members-only? Tangible member benefits help to build URA's signed, dues-paying membership by decreasing the "cost" of union membership.

Become a member now! Becoming a URA-AFT member makes you part of a group of 1.6 million AFT members worldwide. Our strength in numbers provides needed influence in Trenton and Washington to improve education policies, preserve pensions and strengthen labor laws—things that directly benefit you and your family.

At the local level, more members means more influence on Rutgers University to negotiate fair benefits and working conditions. If you are already a member, recruit your co-workers to join. If you are not a member, join now by visiting:

http://www.ura-aft.org/join-the-ura-aft



The URA-AFT Vision Care Reimbursement Program mirrors the Rutgers Vision Care Plan in dollar amount but covers <u>both frames and lenses</u>.

Eligibility requirements:

- Your claim must be for purchases made on or after July 1, 2025.
- Eligibility requirements for dependents are the same as the Rutgers Vision Care Plan.

Provide the URA-AFT with:

(1) URA claim form found at *www.URA-AFT.org*

(2) Copy of the itemized receipt(s) showing the purchase of glasses and/or contact lenses with the store name and contact information.

Send all documentation to:

URA-AFT
Attn: Vision Care Reimbursement
75 Raritan Avenue, Suite 255
Highland Park, NJ 08904

Fax: (732) 745-0400

Rutgers University Vision Care Plan Information:

https://uhr.rutgers.edu/benefits/vision-care-plan