GLOBAL BENEFITS

SASKATCHEWAN PIPING INDUSTRY HEALTH & WELFARE TRUST FUND

RECORD OF EXPENSES FOR VISION CARE

Mail all correspondence to:

Saskatchewan Piping Industry Health & Welfare Trust Fund
C/O Global Benefits
88 St. Regis Crescent South, Toronto, ON M3J 1Y8
Phone 416-635-6000 Fax 416-635-6464

To BE COMPLETED BY MEMBER Please print clearly

Member's Name		Social Insurance Number
Street Address		
City/Town	Province	Postal Code

1.	Claim submitted for: ☐ Member ☐ Dependent		
	If claim for dependent, Name of Dependent:	Relationship	Date of Birth ___ / ___ / ___ Day Month Year
2.	Is patient covered under any other group insurance plan, which provides vision care benefits? ☐ Yes ☐ No If "Yes", give details: (Name of company, policy number, certificate, amount paid, etc.)		

To BE COMPLETED BY THE SUPPLIER OF CORRECTIVE LENSES, Please print clearly.

1.	A. CHARGES FOR MATERIAL SUPPLIED		B. Type of lenses supplied	Left Eye	Right Eye	C. Visual Acuity (Without lenses)
	Frames	$	Plain glass			
	Lens for right eye	$	Single Vision			Right eye:
	Lens for left eye	$	Bifocal			
	Other	$	Trifocal			Left eye:
		$	Contact			

Are these security glasses? ☐ Yes ☐ No

Give reasons for charges under heading "Other" in question 1.A (e.g. hardening, tinting, etc.)

2. TO BE COMPLETED FOR CONTACT LENSES

1. Were contact lenses prescribed for severe corneal astigmatism, severe corneal scarring, keratoconus or aphakia ? ☐ Yes ☐ No
2. Can visual acuity be improved up to at least the 20/40 level by contact lenses ? ☐ Yes ☐ No
3. Can vision be corrected by standard glasses ? ☐ Yes ☐ No
4. Was this client ever operated for cataract ? ☐ Yes ☐ No

3. Identity of the person who recommended these correcting lenses:

NAME: **PROFESSION:**

4. Supplier's Name (print) ______________________ ☐ Opthalmologist

Supplier's Address ______________________ ☐ Optometrist

______________________ ☐ Optician

______________________ ☐ Other (specify)

Date of purchase:

ANY CHARGE FOR COMPLETING THIS FORM IS PAYABLE BY MEMBER.