Vision Care
Reimbursement Request Form

Kean University
Office of Human Resources
1000 Morris Avenue
Union, NJ 07083

Voucher No. ______________________
Voucher Date _____________________
AP Type _______________________

INSTRUCTIONS FOR COMPLETION:
1. Complete all information requested below in EMPLOYEE SECTION. PLEASE PRINT.
2. Attach all receipts pertaining to this request for reimbursement. The reimbursement request for the current benefit period MUST be submitted to Human Resources by July 14, 2023.
3. The receipt must be the original and itemized. It must include the patient name (yours or your dependents’), the date of service, the exam type, the lens/contact type purchased. It must also include the provider’s name, address, and telephone. (A credit card receipt without names or itemized purchases will not be accepted for reimbursement.)

*Due to the expiration of collective bargaining agreements, this reimbursement program is currently not available to members of PBA. The Vision Care Reimbursement Program is subject to change upon the ratification of new collective bargaining agreements.*

EMPLOYEE SECTION - TO BE COMPLETED BY THE EMPLOYEE

__________________________________________________________________________
EMPLOYEE’S NAME ___________________________ Employee’s Kean ID # ___________________________
EMPLOYEE’S HOME ADDRESS ___________________________ (__________) ___________ ___________________ 
EMPLOYEE’S DAY TIME TELEPHONE NUMBER ___________________________

This claim is for:

_____ SELF _____ DEPENDENT _____ SPOUSE

NAME OF DEPENDENT/SPouse ___________________________

Exam $35.00_____ Single Lenses $40.00 _______
Bifocals $45.00 _______
Trifocals $45.00 _______
Contacts $45.00 _______

EMPLOYEE’S SIGNATURE ___________________________ DATE ___________________________

FOR OFFICE USE ONLY BELOW THIS LINE
Benefit Period is from JULY 1, 2021 to JUNE 30, 2023

_____ EYE EXAMINATION:

Amount of Claim ___________________________
Sub-Total ___________________________

Total for this claim reimbursed to the employee: $ ___________________________

Prepared by: ___________________________ Date: ___________________________
Manager’s Authorization: ___________________________ Date: ___________________________
Director’s Authorization: ___________________________ Date: ___________________________

General Accounting Office Use Only
Approved by: ___________________________ Date: ___________________________