

VISION REIMBURSEMENT CLAIM FORM



Employee Instructions:

1. Vision reimbursement form must be complete and clear. **Failure to answer any questions or provide proper documentation may delay payment.**
2. All receipts **must** have a name, date of service, type of service, a provider, and the amount of the charge.
3. Attach paid receipts. **Cancelled/Copied checks will not be accepted.**

Participant Information	
Employer: _____	
Employee Name: _____	Date of Birth: ____ / ____ / ____
Street Address: _____	<input type="checkbox"/> Check if new address
City: _____	State: _____ Zip Code: _____
Email Address: _____	<input type="checkbox"/> Check if new email address
<p>To the best of my knowledge and belief, this Vision Reimbursement Claim form is complete and true. I certify that the member has received the services described above on the date of service indicated and that the expenses qualify as a valid vision service under the Plan. If the expense is for my spouse or dependent, I certify that the person's receipt(s) meets the definition of dependent/spouse in the Plan. I certify that I have not been reimbursed previously for these expenses under any other Flexible Spending Account or Vision Benefit Plan. I understand that these expenses may not be used to claim any federal income tax deduction or credit. ACCEPTANCE OF FACSIMILE OR SCANNED SIGNATURES: Document signatures delivered by facsimile or email/pdf are valid and enforceable. Such facsimile or scanned signatures shall have the same force and effect as an original signature.</p>	
Participant Signature (Required) _____	Date: _____

Name of Person Receiving Service	Relationship to Employee	Reimbursement Requested
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

How to Submit Claims		
Electronically: Email: claims@varipro.com	By FAX: FAX Number: 855-296-1026 Number of Pages: _____	By Mail: Varipro 5300 Patterson Ave SE, Suite 150 Grand Rapids, MI 49512

Customer Service: 800-732-3412