

# New York State Correctional Officers and Police Benevolent Association, Inc. (NYSCOPBA)

## Retiree Prescription Eyeglass and Contact Lens Reimbursement Program Reimbursement Claim Form

### Retiree Member Information (Please Print)

Retiree's Last Name: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

***The prescription eyeglass and contact lens reimbursement program allows eligible NYSCOPBA Retiree Chapter Members to purchase prescription eyeglasses or contact lenses from the provider of their choice and be reimbursed based on the paid receipt up to a \$100 maximum per year. At year end, claims must be submitted for reimbursement by March 31 of the following year.***

Name of prescription eyeglass or contact lens provider:

\_\_\_\_\_

Amount paid per receipt: \_\_\_\_\_

Reimbursement is for:    \_\_\_ Prescription Eyeglasses    \_\_\_ Contact Lenses

Have you received a reimbursement already this year?    \_\_\_ No    \_\_\_ Yes

If **yes**, please indicate amount previously reimbursed \$ \_\_\_\_\_

***Important Note: The original copy of your paid receipt must be submitted with this claim form. Reimbursement will not be made unless the original receipt is attached.***

### Please mail your completed claim forms to:

Norvest Financial Services  
930 Albany-Shaker Road  
Latham, New York 12110

Any questions regarding this program should be directed to the Norvest Customer Service Representatives toll free at 1888-869-8252. Claim forms are available by calling Norvest or visiting their website at [www.norvest.net](http://www.norvest.net).

**I hereby certify that the information provided is true and accurate and the receipt attached is the original copy for the expenditure for which I request reimbursement.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_