GVS GENERAL® VISION SERVICES

UNIFORMED FIREFIGHTERS ASSOCIATION

REIMBURSEMENT FORM

Please Follow These Instructions For Reimbursement:

1. Confirm information in Part 1 and Part 2 are correct. To make changes, please call I-800-VISION-1 (1-800-847-4661).
2. Sign Part 3 where indicated.
3. Return this form with an itemized receipt for optical services using one of the following methods: mailing to General Vision Services, Attn: OON-Dept, 520 Eighth Avenue, Suite 900, New York, NY 10018, emailing to oon@gvsbenefits.com, or faxing to 347-315-3020. General Vision Services will issue reimbursement checks to the MEMBER.

Part 1: Member Information

Choose Account #: ☐ Active 7552 ☐ Retiree 7553

Member's Name: _____ Last 4 digits of SSN _____

Street Address: _____

City & State: _____ Zip Code: _____

Telephone: _____ Email: _____

Part 2: Patient Information

Patient's Name: _____

Patient's DOB: _____

Relationship to Member: ☐Member ☐Spouse ☐Domestic Partner ☐Child

Part 3: Authorized Signatures (18 years old and older)

Patient's Signature: _____

Member's Signature: _____

For Internal GVS Use:

Record Card # OUT: _____

Authorization #: _____ Date Processed: ____/____/____

Exam: _____ Frame: _____ Lenses: _____

Total: _____

(Complete and return to GVS with Receipt)