



Charlotte Firefighters Association

Vision Care Reimbursement Form

Reimbursement will be:

1. One time payment for member's vision service, up to \$130.00 max.
2. Reimbursement checks will be paid to union members only.
3. Payment will be processed after receipt of member's bill and vision service information form has been filled out. Both forms must be turned on to Local-660's office.
4. Payment date to member will be within 15 working days.
5. Eligibility date for reimbursement is 1 fiscal year of last reimbursement for vision service from Local-660.

Print out this form and submit to CFFA with a copy of your bill. Reimbursements are done on the first and fifteenth of the month depending on what shift is working. There will be a ONE TIME per year reimbursement.

Members Name: _____

Members Address: _____

City: _____ State: _____ Zip Code: _____

Member's Home/Cell Phone Number: _____

Member's Personal Email Address: _____

Patient's Name: _____ Self / Spouse / Dependent

Active Member / Retiree Member Male: _____ Female: _____

Cost of Services: _____ Date of Service: _____

*Your eligibility for reimbursement will be (1) year from the date of last paid check.

For any other questions or concerns, contact the union office at:

2601 E. 7th Street, Charlotte, NC 28204

704.331.9515 Office 704.331.0726 Fax

FOR OFFICE USE ONLY:

Reimbursement of: