

NIAGARA FRONTIER TRANSPORTATION AUTHORITY
Maintenance Department Prescription Safety Glass Program

EMPLOYEE NAME: _____ DATE: _____

EMPLOYEE#: _____ LOCATION: _____

JOB CLASSIFICATION: _____

Dear Eye Care Provider:

The above-named employee is eligible under the Niagara Frontier Transportation Authority Maintenance Department Prescription Safety Glass Program for safety eyewear.

THIS IS A REIMBURSEMENT PROGRAM. THE EMPLOYEE WILL PAY YOU AT THE TIME OF SERVICE. The employee is required to submit the completed copy of this form, along with an itemized receipt for reimbursement (up to a maximum of \$90.00) under this program. This \$90.00 reimbursement is for the prescription safety eyewear ONLY. Exam fees are NOT covered under this program. Eye exams may be covered separately through employee's insurance for vision coverage.

UNDER THIS PROGRAM, THE NFTA REQUIRES THAT ALL SAFETY EYEWEAR MUST MEET THE FOLLOWING REQUIREMENTS:

- Frames: Only safety frames are allowed
- Lenses: Must be safety glasses in glass, plastic or polycarbonate
- Side shields: Must be permanently attached
- Tints: #1 or #2 only (photo gray not allowed)

PLEASE FILL OUT THE FOLLOWING INFORMATION FOR THE EMPLOYEE:

Frame model name/number: _____

Type of lenses: Glass Plastic Polycarbonate

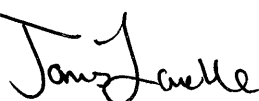
Side shield model name/number: _____

Type of prescription lenses:

Single Vision Bifocal Trifocal

Other _____

If you have any questions regarding this program, please contact my office at 855-7647 during the office hours of 8:00a.m. and 4:00p.m., Monday through Friday.



James Lavelle
Manager, Safety & Security