

Prescription Safety Eyewear Authorization

Marshall Municipal Utilities
75 E. Morgan
Marshall, MO 65340
660/886-6966

I, _____ (*print name*), understand that I must meet the requirements of MMU's policies and procedures in order to receive coverage for prescription safety eyewear.

Employee Signature

Date

Director/Manager pre-authorization: _____

Signature

Date

Director/Manager please check items that apply:

- New prescription safety glasses
 Replacement of lost or damaged (circle one) prescription safety glasses

VISION PROVIDER: TO ENSURE PAYMENT OF THE INVOICE, THIS FORM SHALL BE SIGNED BY MEGAN BALDRIDGE, KRISTIN BERGSTROM, OR ANGIE WINNING PRIOR TO PURCHASE

Covered Items

- Safety frames with single vision lenses up to \$ 160.00
- Safety frames with bifocal lenses up to \$ 185.00
- Safety frames with trifocal lenses up to \$ 195.00
- Lenses with Photochromic-changeable tint for up to an additional \$100.00

Required

- **Safety eyewear must meet or exceed ANSI Z87.1 – 2003 standards**
- Polycarbonate lenses
- Permanently attached side shields

Not Allowed

- Detachable side shields

Employee Responsibilities

- Employees are responsible for all costs not covered by MMU.
- Employee must present a valid prescription.
- Eye exam.

Additional Requirements (if checked)

- Non-conductive safety frames (electrical contact hazard)

Authorized Representative _____

Date _____

Megan Baldrige, Kristin Bergstrom, or Angie Winning

Procedures:

1. MMU completes authorization form and copies form for MMU records.
2. Employee presents form to vision provider – most local providers are able to bill MMU directly for up to the covered amounts above (employee is responsible for all costs not covered by MMU). In the event the provider is unable to bill MMU directly, the employee must present receipt documenting full payment of prescription safety glasses.

Authorization valid for active employees for 30 days following the date signed by Authorized Representative.