

SERVICE EMPLOYEES BENEFIT FUND (SEBF)

OPTICAL BENEFIT

OPTICAL COVERAGE

Service Employees Benefit Fund (SEBF) optical benefit covers up to **\$60 every 12 months OR \$120 every 24 months, per person, towards routine eye care.**

This benefit may be used towards expenses for routine eye exam, frames, lenses or contact lenses.

Medical treatment of eye disease or injury is not covered under this benefit.

HOW TO USE YOUR BENEFIT

- ❖ Choose any eye doctor, then submit your itemized bill to:

Service Employees Benefit Fund
P. O. Box 1240
Syracuse, NY 13201

WHO'S COVERED?

Individual + One Dependent or Family options may include legal spouse, same sex or opposite sex domestic partner* (must meet certain requirements) and legal dependents.

Legal dependent children will be covered until the 1st day of the month following their 26th birthday.

*Please confirm your eligibility for enrollment of a domestic partner with your employer.

QUESTIONS

Please contact Lisa in the SEBF Buffalo area office at (716) 204-0806.