

Utah Local Governments Trust
55 South Highway 89, North Salt Lake, Utah 84054-2504
Vision Plan Reimbursement

Please send receipts to Utah Local Governments Trust:
 Fax: (801) 936-0300 Email: vision@utahtrust.gov Phone: (801) 936-6400 or (800) 748-4440
 Mail: Utah Local Governments Trust, Attn: Vision Claims, 55 South Highway 89, North Salt Lake, UT 84054

I. EMPLOYEE INFORMATION SECTION

Employee Name	Social Security Number
Address	Daytime Phone Number

II. VISION EXAMINATION REIMBURSEMENT SECTION (PAYABLE EVERY 12 MONTHS) *

DATE OF SERVICE	PATIENT NAME	PROVIDER NAME	COST OF EXAM
			\$
			\$
			\$
TOTAL COST OF VISION EXAM			\$

III. FRAMES & LENSES – In lieu of contacts (PAYABLE EVERY 12 MONTHS) *

DATE OF SERVICE	PATIENT NAME	PROVIDER NAME	COST OF GLASSES
			\$
			\$
			\$
TOTAL COST OF FRAMES AND/OR LENSES			\$

IV. CONTACT LENSES - in lieu of frames & lenses (PAYABLE EVERY 12 MONTHS) *

DATE OF SERVICE	PATIENT NAME	PROVIDER NAME	COST OF CONTACTS
			\$
			\$
			\$
TOTAL COST OF CONTACT LENSES			\$

V. TOTAL REIMBURSEMENT \$ _____

VI. SIGNATURE _____ DATE _____

***NOTE:** Please attach supporting documentation (receipts, billing statement, etc.), a separate form for each receipt is not necessary. Please combine all eligible expenses on one form. Claims will not be processed without completed reimbursement form and supporting documentation. Supporting documentation will not be returned, therefore be sure to keep copies of these expenses for your records.