



# OPTI-DIRECT VISION PROGRAM AUTHORIZATION FORM



*COMPANY NAME*

*ADDRESS*

*ADDRESS*

*PHONE NUMBER*

**VISION CENTER USE:**  
PLAN NAME IN BOSS: *COMPANY NAME*  
KEEP AUTHORIZATION FORM ON FILE FOR 1 YEAR

**This plan covers eye exams**

Employee Name (Please Print) \_\_\_\_\_

Date \_\_\_\_\_

The above employee is eligible for Vision Coverage as specified below. Charges will be billed directly to *COMPANY NAME* through the account established with Walmart/SAM'S Vision Centers.

**Covered Items**

- Eye exam services, frames, lenses, and contacts up to **\$200**
- All applicable sales tax on the above amount.

Example

**Employee Responsibility**

- Employees are responsible for all costs not covered by *COMPANY NAME* and must pay Walmart/SAMS the balance in full at the time of purchase.
- Employee must present a valid prescription for glasses or contacts.

We will  
create a form  
for your program

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Authorized Representative \_\_\_\_\_ Date \_\_\_\_\_

*Authorization valid 14 days from this date.*

Procedures:

1. Company completes authorization form, including obtaining necessary signatures.
2. Company copies form for company records.
3. Employee presents form to Walmart/SAM'S Vision Center.
4. Walmart/SAM'S should keep the original authorization on file for 1 year.

(xxx) xx-xx-xxxx