



**VISION & HEARING FORM**

(Fire and Police Contractual Pools: Note: A separate form must be used for each receipt)

NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

DATE OF HIRE: \_\_\_\_\_

Date product or service was received: \_\_\_\_\_

Amount: Up to \$300.00 \_\_\_\_\_

Provider: \_\_\_\_\_

Provider Address: \_\_\_\_\_

Provider Phone: \_\_\_\_\_

***I certify that the above product was provided to me for my personal use and that I did not use HSA funds to purchase this.***

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

Original receipt and a copy of the applicable prescription must be attached along with denial of coverage by Cigna.

Received in Personnel on \_\_\_\_\_

Approved/Denied

Human Resources Director: \_\_\_\_\_ Date: \_\_\_\_\_

Sent to Finance Department on \_\_\_\_\_