

JULY 2011



ATTENTION PRESCRIPTIVE GLASSES WEARERS:

NEW JERSEY IS PARTNERING WITH US SAFETY TO PROMOTE AN EASY WAY TO GET YOUR PRESCRIPTIVE SAFETY GLASSES.

THE PROGRAM BRINGS "US SAFETY" PRESCRIPTIVE SAFETY GLASSES FRAMES & AN OPTICIAN TO YOUR LOCAL GARAGE.

A US SAFETY OPTICIAN WILL VISIT VERIZON LOCATIONS THROUGHOUT NEW JERSEY TO ASSIST IN THE SELECTION OF APPROVED PRESCRIPTIVE SAFETY FRAMES.

PROGRAM IS SCHEDULED FOR AFTER WORK HOURS SCHEDULING ONLY.

THE OPTICIAN WILL MEASURE EMPLOYEES' EYES AND COMPLETE EMPLOYEE RX FORMS COMPLETE THE LAB FORM PROCESS AND PAYMENT FORMS.

The New Jersey Verizon eye conservation program provides safety glasses with single vision, bifocal, trifocal, progressive lenses, complete with base frames & case.

ALL INTERESTED EMPLOYEES PLEASE CHECK WITH YOUR SUPERVISOR FOR LOCAL GARAGE SCHEDULES.

EMPLOYEES – PLEASE BRING/PROVIDE A CURRENT RX PRESCRIPTION AT TIME OF VISIT.

** Frames outside of Verizon Selected frames are available at employees personal cost**

7/20/11 @ Cross & James, Lakewood



Eye Conservation Program

I – Prescription

New York, Massachusetts, New Hampshire, Vermont, Maine, Rhode Island, New Jersey

Obtain Prescription Order Forms from **U.S.SAFETY** via FAX 1-800-252-5002 or download from Verizon's website - www.ussafety.com/verizon. The website also includes complete instructions, pictures of base & upgrade frames with prices, and panel doctor locations.

Program Coordinators:

Bob Shirvanian; Jeanne Benedetto

973-748-1213 FAX 973-743-9577

RX Lab: **U.S.SAFETY** Lenexa, KS 66285-5965

1-800-821-5218 FAX 1-800-428-7304

II. Plano Spectacles, Goggles and Accessories

All States

Order product from **U.S.SAFETY** via PID/SSI #

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Distribution: **U.S.SAFETY**

Lenexa, KS 66285-5965

1-800-821-5218 FAX 1-800-252-5002

INSTRUCTIONS FOR ORDERING PRESCRIPTION PROTECTIVE EYEWEAR

LOCAL OFFICE PROCEDURE

Note: It is suggested and recommended the employee utilize one of the Provider Panel Members, since payment for the fitting of the eyewear will be managed by **U.S. SAFETY**. Therefore, there will be no payment required to the Provider Panel Member by the employee.

The employee & supervisor **MUST** complete the **BILL TO** section of this form:
(Please Print All Information)

- * Employee Name
- * Verizon Supvr.
- * Contact Phone Number
- * Credit Card Holder's Name (Please Print)
- * Credit Card # Expiration
- * Card Holder Signature
- * Dept. Number

The employee **MUST** take this form to practitioner for completion and return it to their supervisor for approval.

Completed form **MUST** be **FAXED TO: U.S. SAFETY, 1-800-428-7304**

If the employee chooses a frame or special lens that **REQUIRES CO-PAYMENT**, they **MUST ATTACH A CHECK MADE PAYABLE TO U.S. SAFETY** and mail to: **U.S. Safety, 8101 Lenexa Drive, Lenexa, KS 66214 OR FILL IN PERSONAL CREDIT CARD INFORMATION** in space provided on order form and fax to **U.S. Safety**.

MEMO TO EMPLOYEE

Take prescription form to practitioner of your choice. The Provider Panel Member locations have the approved frames for selection.

It is important to have your doctor select the type of progressive lens which best meets your vision requirements.

Return form to your Supervisor for processing and approval.

Payment for the eye exam is the responsibility of the employee.

MEMO TO EYE PRACTITIONER

This employee is being furnished a pair of protective eyewear made in compliance with the American National Standards requirement (Z87.1) for industrial use to protect against eye injury on the job as specified in the Occupational Safety and Health Act.

Please complete the **REFRACTIONIST** and **SHIP TO** sections of this form. No substitute items or styles are permitted unless for professional reasons and authorized by the Manager - Safety and Compliance Services.

We will arrange to have the eyewear made by U.S. Safety, and sent directly to you to verify for accuracy and for fitting. Please notify the employees' District Office (contact indicated on this form) upon arrival of the eyewear.

Payment of the eye exam is the responsibility of the employee.

BASE FRAMES

Phoenix II, Glider, Aviator

EMPLOYEE CO-PAYMENT FOR UPGRADED FRAME & LENS OPTIONS

PC264, PC267	\$27.00	Newport	\$20.00
Essex - Titanium	\$50.00	Progressive Lens -	\$15.00
Titmus Premiere Collection -	\$27.00	Progressive Sola VIP	\$25.00
Titmus Exclusive Collection -	\$40.00	Progressive Varilux -	\$50.00
Titmus Titanium Collection -	\$74.00	Transition -	\$40.00

U.S. SAFETY

Division of Pamalak Industries, Inc.
 8101 LENEKA DRIVE P.O. BOX 16965 LENEKA, KS 66285-5965
 913-599-5555 1-800-821-6218 Rx FAX 1-800-428-7304 In Kansas FAX 1-013-599-1703

Bold Boxed Areas MUST Be Completed To Process This Order.
PLEASE PRINT

S Name/Office _____
H Address _____
I City _____ State _____ Zip _____
P

Eyewear MUST SHIP Back To Doctors Office

B Employee Name _____ (please print) P.O. No. _____
I Verizon Supervisor _____
L Contact Phone Number _____ Dept. Number _____
L Credit Card Holder Name _____ (please print)
 Card Holder Signature _____

Credit Card Number _____ Exp. _____

To Be Completed by Refractionist	Lens Material PLASTIC		Clear	Tints Specify Color: <input type="checkbox"/> Gray #2 <input type="checkbox"/> Gray #3 <input type="checkbox"/> Rose #1 <input type="checkbox"/> Rose #2		
	<small>Note: If polycarbonate is not available Crillite will be furnished.</small>					
	Frame Style		Frame Color		Temple Length	
	Eye Size	Bridge Size	Bridge Style <input type="checkbox"/> UNIFIT <input type="checkbox"/> ADJ. PADS	Sideshields <input type="checkbox"/> PERMANENT FLATFOLD <input type="checkbox"/> DETACHABLE FLATFOLD		
	Sphere		Cyl.	Axis	Prism	Base
	Dec. (In-Out)		PD		Far	Near
	R					
	L					
	Add		Seg Hgt	Seg Width	Seg Inst	Tot Dec
	R					
L						
CO-PAY EMPLOYEE PERSONAL CREDIT CARD						
() Visa () Mastercard () American Express						
Expiration Date _____						
Card Number _____						
Name on Card _____						
BIFOCALS		TRIFOCALS		DOUBLE SEGMENT BIFOCALS		
FLAT TOP		FLAT TOP		FLAT TOP		
<input type="checkbox"/> 25 <input type="checkbox"/> 28 <input type="checkbox"/> 35		<input type="checkbox"/> 27 x 28 <input type="checkbox"/> 28 x 28 <input type="checkbox"/> 28 x 35		<input type="checkbox"/> 27 x 28 <input type="checkbox"/> 28 x 28 <input type="checkbox"/> 28 x 35		
FULL WIDTH		FULL WIDTH		FULL WIDTH		
FULL WIDTH		PROGRESSIVE		FULL WIDTH		
<input type="checkbox"/> Standard <input type="checkbox"/> Sole V.P. <input type="checkbox"/> V.M.B. Contact						

TO THE OPHTHALMIC PROFESSIONS: This patient's employment with his company requires that he wear eye protection. In completing the Rx protective eyewear form, please consider the patient's job visual requirements. Be sure to indicate the delivery point for dispensing and verification. Also supply (or arrange to supply) complete frame measurements. After completion, please detach and retain the professional copy and return the balance of the forms in the set to the patient to deliver to his company. Your assistance and cooperation is appreciated.

OFFICE NAME (please print) _____ DATE _____
 REFRACTIONIST SIGNATURE _____ ADDRESS _____
 CITY _____ STATE _____ ZIP _____ PHONE _____






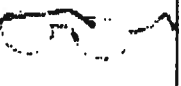




CUSTOMER I.D. 742672-100-	NBR AMT	Rx NUMBER
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Co-Pay Frames

3/10

Information Page

Name			Colors	Description	A-B-ED		
Newport		\$20.00	Tortoise Antique Pewter	Bridge Size -19, 21 Eye Sizes - 49, 51 Temples - 135, 140, 145 spring hinges with adjustable nose pads Sideshields - Flatfold permanent or detachable	49.38 51.25	41.52 43.24	51.10 52.68
EX259		\$40.00	Antique Pewter Goldtone Antique Tortoise Burgundy Bronze	Eye/Bridge Size - 47-20-135; 49-20-135; 51-20-140, 53-20-145 Temples - 135, 140, 145 with adjustable soft silicone nose pads Sideshields - Flatfold permanent or detachable	49 51 53	40.40 42.40 44.40	49.54 51.54 53.54
EX272		\$40.00	Rose Goldtone Antique Brown	Eye/Bridge Size - 48-20-135; 50-20-140; 52-20-145 Temples- 135, 140, 145 Spring hinge with adjustable soft silicone nose pads Sideshields - Flatfold permanent	48 50 52	34.5 36.5 38.5	49.05 51.05 53.05
TR301S		\$40.00	Gray Brown	Eye/Bridge Size - 48-19-140; 50-19-145; 52-19-145 Temples - 140, 145 Spring Hinge with adjustable nose pads Sideshields - Flatfold permanent or detachable	48 50 52	33.1 35.1 37.1	49.6 51.6 53.6
TR306S		\$40.00	Dark Blue Matte Dark Brown Matte	Eye/Bridge Size -51-19-140; 53-19-145 Temples - 140, 145 Spring Hinge with adjustable nose pads Sideshields - Flatfold permanent or detachable	51 53	34 36	51.8 53.8
TR307S		\$40.00	Dark Chrome Walnut	Eye/Bridge Size -53-21-140; 56-21-145 Temples - 140, 145 with adjustable nose pads Sideshields - Flatfold permanent or detachable	52.9 55.9	37.7 40.7	56 58
EXT1 Titanium		\$74.00	Antique Gold Tortoise Antique Pewter	Eye/Bridge Size - 47-20-135, 50-20-140, 53-20-145 Temples - 135, 140, 145 with adjustable soft silicone nose pads Sideshields - Flatfold permanent or detachable	50 53	44.50 47.50	53.39 56.39
EXT2 Titanium		\$74.00	Antique Pewter Tortoise Brown	Eye/Bridge Size - 56-16-145, 58-16-150 Temples - 145, 150 with adjustable soft silicone nose pads Sideshields - Flatfold permanent or detachable	56 58	44.50 46.50	61.94 62.94
PC264		\$27.00	Antique Brown Gunmetal Antique Goldtone	Eye/Bridge Size - 50-20-140; 52-20-145 Temples - 140, 145 Spring Hinge with adjustable soft silicone nose pads Sideshields - Flatfold permanent	50 52	33.8 35.8	53.8 55.6
PC267		\$27.00	Gray Antique Brown	Eye/Bridge Size - 49-20-140; 51-20-145 Temples - 140, 145 with adjustable soft silicone nose pads Sideshields - Flatfold permanent	49.0 51.0	32.0 34.0	50.6 52.6

The following are employee Co-Pay options:

Standard Progressive Lenses	\$15.00
Sola VIP Progressive Lenses	\$25.00
Varilux Comfort Progressive Lenses	\$50.00
Transitions Lenses	\$40.00



8101 Lenexa Drive P.O. Box 15965
Lenexa, Kansas 66285-5965
913-599-5555 FAX: 1-800-428-7304
www.ussafety.com info@ussafety.com