



**COURT OFFICERS BENEVOLENT ASSOCIATION
OF NASSAU COUNTY
WELFARE FUND**

Laser Vision Correction Benefit
Eyeglass Waiver Form

TO: Trustees of Court Officers Benevolent Association of Nassau County.

FROM: _____

I hereby waive any rights I may have for benefits under the scheduled vision care benefits outlined in the Summary Plan Description due to me for a period of two calendar years from the date of my laser surgery.

Member's Signature

Date

Send To: Healthplex, Inc.
With Proof of Laser Surgery



Attention: Claims Dept.

PO Box 9255

Uniondale, NY 11553-9255

Providers Call – (888) 468-2183 Press Option 1 for IVR or Option 3

Members Call – (888) 468-5178 Press Option 1