



**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 me for a period of two calendar years from the date of my laser surgery.

Member Signature

Date

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



Attn: Claims
333 Earle Ovington Blvd., Suite 300
Uniondale, New York 11553
Providers Call – (888) 468-2183 Press Option 1 for IVR or Option 3
Members Call – (888) 468-5178 Press Option 1