



Saskatchewan Association of Optometrists

MERIT CONTRACTORS ASSOCIATION INC.

EYESAFE AUTHORIZATION

Employee Name: _____ Authorizing Name: _____

Employee Number: _____ Date: _____

Staff Status: _____ Phone Number: _____

Employer Exceptions/Approvals/Instructions: _____

Authorization # _____ *Valid for 30 days from Authorization

EYESAFE CRITERIA

| | |
|----------------------|--|
| Enrollment Date | January 2000 |
| Revised Date | August 2018 |
| Member Number | ES-061 |
| Examination Coverage | Employee responsible for all examination fees. Office to collect from Employee the complete cost of the Safety Eyewear, use the Schedule B-1 and D price lists for calculation. Please quote REGULAR price and then ES price for employee reference. Employee is to indicate they are under Merit benefits and their company name before order is processed. The Administration fee for this company is 10%. <i>*Please indicate the amount collected in the online order form.</i> |
| Frames | Any frame on Schedule D |
| Side Shields | Permanent - Mandatory |
| Lens Materials | Plastic, Trivex, Polycarbonate |
| Lens Treatments | Premium Scratch Resistant Coating, UV 400, AR, Photochromic |

EYESAFE offers a 120-day satisfaction/adaptation warranty and a 1-year warranty on all frames for general use breakage. There is no warranty available for scratching or replaceable frame parts such as nose pads and foam inserts.

EYESAFE INSTRUCTIONS

Supervisor

Sign this authorization form and provide it to your employee. Track your program use on the form provided.

Employee

Search for a participating optometrist at www.eyesafesk.ca. Make an appointment for an eye examination or to purchase safety eyewear. Upon arrival at your appointment, provide them with this form.

Optometrist/Optical Laboratory

See the criteria information above for examination, preparation, and dispensing guidelines. Log in to the EYESAFE page at www.eyesafesk.ca to enter an order in accordance. A copy of the generated order will be stamped indicating CSA compliance and provided with the glasses, then shipped to the optometric office for verification and dispensing. Retain a copy of this document for your records. If required, provide a copy to your patient.

Questions may be directed to the Saskatchewan Association of Optometrists office at eyesafe@saosk.ca or by phone at 1.877.660.3937 or 306.652.2069.