

Optical Glasses Subsidy

Last Updated: 22 September 2009

Owner: Manager, OHS

1. The University will provide a reimbursement for costs incurred in the purchase of optical glasses where the University requires safety glasses to be worn or where special glasses, other than reading glasses are required to carry out particular work.

Reimbursement

2. **(Category A)** The University will reimburse members of staff where the University requires safety glasses to be worn at work for carrying out a particular task and the optical glasses prescribed must have impact resistant lenses.
3. **(Category B)** The University will reimburse members of staff where the glasses are additional to and different from those prescribed for every day activities such as reading and are required in the opinion of the prescribing optometrist to carry out particular work at the University.
4. The maximum reimbursement for costs incurred in the purchase of optical glasses is eighty dollars.

Responsibilities

5. The Dean/Head of School/Director is responsible for the cost of reimbursement for claims made under category A.
6. The Occupational Health and Safety Unit, Human Resources Services Division is responsible for the cost of reimbursement for claims made under category B.
7. Staff making a claim under category B are responsible for obtaining the necessary certification from their optometrist.

Making a Claim

8. Staff making a claim under category A must lodge a written request with their manager or supervisor.
9. Staff making a claim under category B must lodge a written request with the Occupational Health and Safety Unit, Human Resources Services Division.
10. Claims under category B must be certified by the prescribing optometrist and accompanied by a copy of the paid account. A standard form for this purpose is attached. Certification must include:
 - disclosure of the clinical condition requiring correction.
 - the reason why a special pair of glasses is required for a task
 - a statement that the glasses are not needed other than for the specific work task in question and in case of presbyopic correction a statement that other reading/multifocal glasses have been prescribed and supplied for ordinary reading tasks.

Statement from Optometrist

Name of Staff member making Claim _____

Name and Address of Optometrist:

I certify that the above Deakin University staff member:

1. Has the following clinical condition requiring correction

and

2. Requires special glasses for:

and

3. Does not need the glasses other than for the specific work task in question

and

4. (Cross out if not applicable) In the case of presbyopic correction, other reading/multifocal glasses have been prescribed and supplied for ordinary reading tasks.

Signature of Optometrist: _____

Date: _____