

Alliant Energy Retiree's

Prescription Safety Eyewear Program

Instructions

Employee:

1. Request an order form from your internal website by clicking on the Retiree icon that you qualify under. No safety eyewear may be ordered without this form.
2. A doctor of your choice may provide your exam or you may choose to use one of the AOSafety Eye Care Professional locations listed below.
3. You will need to take the AOSafety Order/Authorization form to one of the AOSafety Eye Care Professionals listed on your website.
4. The eye care professional will assist you with frame and lens selection, fill out the order form and place the order with AOSafety. You must pay a dispensing fee directly to the eye care professional for their services.
5. All eyewear will be supplied with detachable side shields unless you require otherwise.
6. You must pay 100% of all items ordered. These "Co-pays" must be paid at the time of order and accompany the order to AOSafety. AOSafety accepts personal checks, Money orders, Visa, MasterCard, Discover and American Express. A credit card is recommended for faster processing and turn around for your order.
7. The completed eyewear will be shipped directly to the location where the order was placed. They will contact you when eyewear is ready to pickup. Please allow up to 2 weeks for delivery.

Eye Care Professional

1. This retired employee is in need of prescription safety eyewear through AOSafety.
2. If an eye exam is performed, payment for the exam is the responsibility of the employee.
3. Complete the "Ship To" portion on the AOSafety order form with your office's information. Be sure to include your AOSafety account number. This account number will insure prompt and accurate payment of your dispensing fee.
4. **This program is paid in full by the retiree at the time of order and must accompany the order to AOSafety. No orders will be processed without proper payment.**
5. AOSafety will ship the eyewear directly back to your office for delivery to the employee. Please contact the employee directly to schedule delivery and final adjustment of eyewear.





Lab and Customer Service:
 1728 W. Frisco 401 E. Jefferson
 Chichasha, OK 73018 Plymouth, IN 46563
 Phone (800) 982-2828 Phone 800.982.2828

Order Form

Prescription Eyewear

Fax Order to 800.945.2828

Charge Card & Payment Information	<input type="checkbox"/> Mastercard			
	<input type="checkbox"/> Visa			
	<input type="checkbox"/> AMX	Credit Card Number	Expiration date	IVC Number
	<input type="checkbox"/> Personal Check	Card Holder signature for prescription glasses sold by Aearo Company		
	<input type="checkbox"/> Payroll Deduction			
	<input type="checkbox"/> Money Order	Check or Money Order #		

Order Date	<input type="checkbox"/> Payroll Deduct \$
	Co-pay \$ Amt. Due
	Paid \$ in Full

Company	Alliant Energy Retiree Employee Pays 100% Do Not Invoice Madison, WI	Acct No	5288743
		Zip Code	53707

Bill To	Alliant Energy Retiree Employee Pays 100% Do Not Invoice Madison, WI	Acct No	5288743
		Zip Code	53707

Ship to		Acct No	
		Zip Code	

Please be sure to complete all information for sections where box is marked with an "X" Thank you.

<input checked="" type="checkbox"/> Customer / Patient Name (Last Name, First Name)	Contact Phone Number
<input type="checkbox"/> Purchase Order #	<input type="checkbox"/> Requisition / Cost Center #
<input type="checkbox"/> Social Security #	<input type="checkbox"/> Employee Number
<input type="checkbox"/> Other	<input type="checkbox"/> Department #

Single Vision	Bifocal	Trifocal	Occupational	Progressive Lens Style
	28	35 28	14mm 15mm 35	List Style Here

LENS MATERIAL Duty to Warn: Polycarbonate is the most impact resistant lens material available and highly recommended

Polycarbonate Plastic CR-39 Glass Other

Tint & Coating Options

Transitions Anti-Reflective Scratch Resistant Coating UV

XtraActive Photochromatic Polarized Other

	Sphere	Cylinder	Axis	Prism	Base
RIGHT OD					
LEFT OS					

	Add	Seg Hgt	Dist P.D.	Near P.D.
RIGHT OD				
LEFT OS				

FRAME	Style Name/Model No.	Eyeseize	Bridge Size	Temple Length	Color
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Sideshields

Permanent T-Loc™ Perforated

Detachable Integrated Breeze Catcher

Rush Job Lenses Only Frame Only

Supervisor's Signature _____ Phone Number _____ Fax Number _____

Doctor's/ Optician's Name _____ Phone Number _____ Fax Number _____

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Frame Groups	Company Pays	Employee Pays	Co-Pay Amount	Not Allowed
Base Group		X	\$0.00	
Group A		X	\$5.00	
Group B		X	\$12.00	
Group C		X	\$12.00	
Group D		X	\$18.00	
Group D Plus		X	\$26.00	
Group E		X	\$31.00	
Group F		X	\$41.00	
Group G		X	\$67.00	
Group G Plus		X	\$87.00	
Urban Clip-on				X

Lens Styles	Company Pays	Employee Pays	Co-Pay Amount	Not Allowed
Single Vision		X	\$15.00	
Bifocal		X	\$27.00	
Trifocal		X	\$31.00	
Base AOTruvision, Visuality		X	\$45.00	
I AO Pro		X	\$55.00	
III Sola XL, Sola VIP, AO Compact		X	\$65.00	
III b'Active, Easy, XL/VIP Gold		X	\$85.00	
IV Sola One		X	\$120.00	

Please call (800) 982-2828 for price on all progressives not listed above.

Lens Materials	Company Pays	Employee Pays	Co-Pay Amount	Not Allowed
Duralite Polycarbonate		X	\$4.00	
V-E Tegra- Single Vision				X
V-E Tegra- Bifocal				X

Plastic CR-39		X	\$0.00	
Glass		X	\$0.00	
Mid Index		X	\$20.00	
High Index		X	\$50.00	

Lens Options	Company Pays	Employee Pays	Co-Pay Amount	Not Allowed
Photochromic		X	\$25.00	
Transitions		X	\$55.00	
Polarized		X	\$50.00	

Tints & Coatings	Company Pays	Employee Pays	Co-Pay Amount	Not Allowed
Tint Shade #1		X	\$5.00	
Tint Shade #2		X	\$5.00	
Tint Shade #3		X	\$5.00	
UV		X	\$5.00	
Scratch Resistant Coating		X	\$5.00	
AR Coating		X	\$25.00	
SuperCote		X	\$18.00	
SuperCote AR		X	\$43.00	

Other Options	Company Pays	Employee Pays	Co-Pay Amount	Not Allowed
Specialty Lenses		X	\$55.00	
Occupational		X	\$80.00	
Full Line Bifocals		X	\$15.00	
Full Line Trifocals		X	\$25.00	

Specialty Lenses include Slab-offs, Myodiscs, Cataracts, plus special glass treatments such as Noviol and Dydimium.

Sideshields	Required	Not Required	Co-Pay Amount	Extra Pairs
Permanently		X		
Detachable		X		

Dispensing	Company Pays	Employee Pays	Co-Pay Amount	Other
Dispensing Fee		X	\$20.00	

If dispensing fee is Employee Paid, collect from employee at the time of order.
 Employee co-payments by check, credit card, or money order are due at the time of order. Mail checks a money orders with a copy of this order form to AOSafety to ensure prompt service. Employee co-pays by credit card may be faxed with this order form to 800.945.2828.

Special Instructions
 This program is paid 100% by the employee at the time of order. Payment must accompany the order to AOSafety. Dispenser: please add dispensing fee \$20.00 to the cost of eyewear. Your dispensing fee payment will come from AOSafety.