

1000286

EMPLOYEE FORM



Orr# (Internal Use Only)

Orr Safety PO Box 198029 Louisville KY 40259-8029 800-697-4677 Ext. 6489 FAX: 800-800-6774 www.orrsecurity.com/csx

CSX Corporation Employee Eye Care Program *PRESCRIPTION SAFETY GLASSES ONLY*

Co-Pay Section

Table with columns: Selection MUST Be Marked, FRAMES (provided by AO Safety), Company Pays, Employee Amount, Total. Includes sections for LENS STYLE, LENS MATERIAL, LENS OPTIONS, COATINGS, OTHER OPTIONS, SIDESHIELDS, Office Visit/Exam, LOCAL TAX, DUE FROM EMPLOYEE, and Total \$.

EMPLOYEE NAME (LAST NAME, FIRST NAME), CONTACT PHONE NUMBER, Address, Order Date, City, State, Zip, 6 digit employee ID#

Transportation, Engineering, Mechanical Operations, Intermodal, Other

Supervisor Signature (REQUIRED), Printed Name, Phone

Employee Co-Payment Section (Required when paying by credit card)

The only forms of payment accepted are: Cardholder Name (Please Print), Credit Card Number, Expiration Date, Card Holder Signature for Prescription Glasses Sold by Orr Safety. Includes checkboxes for Visa, Mastercard, AMEX, Certified Check or Money Order. NO PERSONAL CHECKS OR DEBIT CARDS. PAYROLL DEDUCT IS NO LONGER AVAILABLE

-DOCTOR/DISPENSER SECTION-

LENS STYLE: Single Vision, Bifocal, Trifocal, Occupational, Progressive Lens Style. Includes diagrams and checkboxes.

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

Replacement Lens Only: send frames & copy of order form to AO Safety 1728 W Frisco Chickasah, OK 73018. (Do Not include checks or money orders with frames- All Payments are sent to Orr Safety.) Frame Only

COMPLETE ALL INFORMATION REQUESTED

Table with columns: Sphere, Cylinder, Axis, Prism, Base Curve. Rows for Right/Left eye, Add Power, Seg. Hgt., Dist. P.D., Near P.D., Special Instructions.

FRAME (Provided by AO Safety): Style Name/Model No., Eye Size, Bridge Size, Temple Length, Color

Dispensers (Doctors)

Ship to: Name

Address

City, State, Zip

Doctor's/Optician's Signature, Phone No., Fax No.



Co-pay will be collected by Orr Safety payable by credit card, money order or certified check

Fax orders paid with credit card and orders with no payment due (no co-pay) to Orr Safety- 800-800-6774

If you have a co-pay and are not paying by credit card-DO NOT FAX FORM- Forms will not be processed without a method of payment. Please mail order form with payment to:

Orr Safety PO Box 198029 Louisville, KY 40259 Attn: Erin Fowler

Make check/money order payable to Orr Safety