

1000286

VOLUNTARY FAMILY FORM



Orr# \_\_\_\_\_  
(Internal Use Only)

Additional safety glasses can be purchased using this form. Special prices for CSX employees and immediate family members.

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

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

Co-Pay Section

Selection MUST Be Marked table with columns: FRAMES, LENS STYLE, LENS MATERIAL, LENS OPTIONS, COATINGS, OTHER OPTIONS, SIDESHIELDS, Office Visit/Exam, Sub \$, LOCAL TAX, DUE FROM EMPLOYEE, Total \$

EMPLOYEE NAME (LAST NAME, FIRST NAME) CONTACT PHONE NUMBER ( )  
PATIENT'S NAME (LAST NAME, FIRST NAME) RELATIONSHIP TO EMPLOYEE [ ] HUSBAND [ ] WIFE [ ] CHILD  
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:  
[ ] Visa [ ] Mastercard [ ] AMEX [ ] Certified Check or Money Order  
Cardholder Name (Please Print) Card Number Expiration Date  
Card Holder Signature for Prescription Glasses Sold by Orr Safety  
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

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, 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