



The Optics Group – Safety Eyewear Program Agreement

Dear Valued Partner,

Thank you for choosing **The Optics Group** for your safety eyewear needs. We are committed to providing exceptional hometown eyecare for all, and your employees are a vital part of us fulfilling that commitment.

To ensure we can continue delivering the best possible service, please take a few moments to complete this form and return it to us by: ____ / ____ / ____.

Client Information

Company Name: _____

Address: _____

Contact Person: _____

Phone: _____ Email: _____

Program Package Selection

Please select one of the following participation levels:

Employee Appreciation Package

- Fully paid for by the company.
- Cost: \$228 per pair of safety eyewear.
- HR/Program Coordinator agrees to complete and submit an Authorization Form for each participating employee (forms will be included in the Welcome Packet).
- Company will receive monthly statements reflecting employee orders. Payment is due within 30 days of the statement date. If payment cannot be made within this time frame, please contact The Optics Group to make alternative arrangements.
- **On-Site ordering:** Would you like to set up on-site ordering for your employees?
 Yes No
- **Exam Coverage Option:** Would you like to cover the cost of employee eye exams in addition to eyewear?
 Yes, cover exams (New Patient \$107, Established Patient \$102)
 No, employees will be responsible for their own exams

Employee Supported Package

- Company contributes a set amount toward the cost of each pair; employees pay the remaining balance at the time of service.
- Company Contribution: \$_____ per pair.

- HR/Program Coordinator agrees to complete and submit an Authorization Form for each participating employee.
- Company will receive **monthly statements** reflecting employee orders. Payment is due within **30 days** of the statement date. If payment cannot be made within this timeframe, please contact The Optics Group to make alternative arrangements.

Program Details

- Authorization Forms (required for Employee Appreciation and Employee Supported Packages) will be provided to HR in the Welcome Packet.
- The Optics Group provides a one-time, one-year warranty on all safety eyewear.
- On-site ordering services are available for convenience (***Available with Employee Appreciate Package Only***)

Estimated Participation

Please provide an estimate of the number of employees who will require safety eyewear under this agreement:

Estimated Employees: _____

Term & Renewal

- This agreement is effective as of: ____ / ____ / ____.
- Program renewals occur annually in **January**. Clients will be contacted prior to renewal to review participation level and any updates.

Acknowledgment & Agreement

By signing below, the company representative acknowledges and agrees to the terms outlined above and selects the designated program option for their employees.

Company Representative Name: _____

Title: _____

Signature: _____ Date: ____ / ____ / ____

The Optics Group Representative: _____

Title: _____

Signature: _____ Date: ____ / ____ / ____

Thank you again for your continued support. We look forward to serving you and your employees in the year ahead.