

for payment and:

1. Review each application to note:
 - a. The applicant is eligible.
 - b. The application is accompanied by a paid bill from an authorized doctor as set forth in the brochure.
2. If approved, mark the application approved, and prepare a Branch voucher for payment and turn voucher over to the President who will sign the voucher and turn same over to the Branch treasure for payment.
3. Will turn one copy of the application over to the office Secretary to be filed in the member's personnel folder which is maintained on each Branch member.
4. Disapprove the application if it is not in proper order. When an application is disapproved, the reason(s) will be noted on the application. The members copy will be turned to the office Secretary to be returned to the member. The Branch copy will be filed in the member's personnel folder maintained in the Branch Office.
5. Will make a report each month at the regular meeting stating the number of applications received, paid and rejected.
6. Will act as an advisor to recommend annual changes in the Plan concerning areas of coverage and benefits payable.

ADDITIONAL DUTIES OF THE BRANCH TREASURER

The Branch Treasurer will establish a special fund (checking, with daily interest) in a bank agreed to by the Finance Committee and to be used solely for payment of applications received from the Health Benefits Representative authorizing reimbursement under the "Eye Glass Plan".

The Treasurer will be responsible for:

1. Ascertaining the voucher for payment has:
 - a. Been approved by the Health Benefits Representative
 - b. Been approved by the President.
 - c. Has proper documentation attached (Doctor bills, etc.)
2. Issue a check in the proper amount specified on the voucher for payment and mail payment to the member whose address is entered on the voucher.
3. Maintain a separate ledger book setting forth the payment, giving the members name and amount paid.
4. Maintain a separate file for paid voucher; keeping vouchers in numerical order.
5. Maintain a checkbook expressly used for this purpose and causing the listed check number to coincide with the voucher for payment number.
6. Turn all books and records over to the Three Board of Trustees not less than once each calendar quarter.
7. Invest monies in excess of the need for payment into stock

bonds, certificates of deposit or other investments as determined by the Finance Committee on approval of the Board of Trustees.

8. Report the balance in the fund at each regular monthly meeting.
9. Report all investments to the membership at each monthly meeting and give a "statement of the Fund" report.

ADDITIONAL DUTIES OF THE BRANCH SECRETARY

The Branch Secretary will, on receipt of the NALC reimbursement check each month:

1. Prepare a voucher to transfer funds from the General Fund for deposit into the "Special Eye Glass Fund" in the amount equal to \$.50 for each member in the dues withholding.
2. Prepare a voucher in the appropriate amount for all "Direct Payees" and transfer funds from the general Fund into the "Eye Glass Fund" annually on receipt of payment of "Direct Payees" dues for the calendar year.
3. Receive all monies from retirees who apply for coverage under the "Eye Glass" Plan, deposit all funds into the "Special Fund" established by the Branch Treasurer, and provide the Treasurer with copies of deposit slips indicating the name of members from whom the monies were received.
4. Provide the Health Benefits Representative with a monthly printout of all members, active, retired and direct payees.
5. Maintain a ledger book in which will be recorded the names and amount collected from each member who are not on the dues check-off withholding.
6. Turn all books, records and deposit slips over to the three Trustees for audit not less than once quarterly.

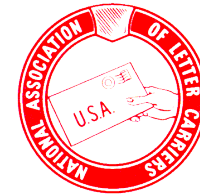
ADDITIONAL DUTIES OF THE TRUSTEES

The Trustees will receive the books, ledger files, records and deposit slips for the Secretary and Treasurer not less than once each calendar quarter. These books, records, ledger, deposit slips, etc. will be checked against membership for accuracy. The Senior Trustee will report to the regular membership the condition of such books at the next regular meeting following the audit.

**AMENDED 1/7/15
SEVENTH EDITION**

**KG-1477
2006**

AN EMPLOYEE ORGANIZATION PLAN



BRANCH 1477 NALC EYE GLASS PLAN

TO BEGIN JANUARY 1, 2006

Published by Branch 1477, NALC
And Distributed to all Branch Members

5369 Park Boulevard North
Pinellas Park, Florida 33781

Governed by the By-Laws
Of Branch 1477, NALC

Administered by the
Health Benefits Representative
Branch 1477, NALC

Audited by the Branch Trustees

Branch 1477, National Association of Letter Carriers, 5369-Park Boulevard North, Pinellas Park, FL 33781-3421, has by amending the Bylaws, entered into a Plan specifically designed to provide a subsidiary to the members of the Branch toward the examination of eyes for Branch members and the member's immediate families.

This procedure will set forth the specifics and details regarding the payment of benefits, statement of benefits, exclusions, limitations and definitions. It states the benefits to which a member will be entitled and each eligible family member covered by the Plan as the procedure for obtaining the benefit.

This brochure may be revised at special or regular meetings as dictated by the will of the membership who are present and voting at meetings as set forth under the terms enumerated in the adopted Bylaws of the organization and stand subject to modification of the membership when notice has been given the terms of the existing laws.

Joe Henschen
Acting President

Ken Grasso
Health Benefits Representative

SUMMARY OF BENEFITS

The Plan pays a fixed amount of the expenses incurred relating to an examination of the eyes. The amount of payment will be determined by the will of the membership and will be updated annually in the month of December in 1982, after the Plan has been in effect for one year.

Changes proposed in the payment of benefits must be presented to the Finance Committee and Committee of Laws for review prior to the regular Branch meeting each November and be published in the Branch Newsletter (The TWIG of the Branch) to be mailed to all members prior to the regular meeting on December.

DEFINITIONS

Doctor: A doctor under the terms of this Plan is defined as licensed ophthalmologist or a licensed optometrist.

REVIEW OF CLAIMS

All claims will be reviewed by the Health Benefits Representative and each claim will require approval of that Officer. If a claim is denied by the Health Benefits Representative, reconsideration

will be given (within one year) after review by the Board of Trustees on written request. The written requirement must set forth the reason(s) for requesting reconsideration and must be accompanied by additional supportive information. The decision of the Board of Trustees is final and no further appeals can be made.

LIMITATIONS

1. Coverage under this plan is to subsidize the Letter Carrier member for "**out of pocket**" expenses associated with eye examinations. The amount payable will be set forth in the Branch By-Laws, PAM 1477-1 Seventh Edition. Active and Retired who are NALC members, shall be reimbursed for actual "**out of pocket**" expenses up to, but not to exceed sixty dollars, (\$60.00) for one (1) approved application annually **when accompanied by a paid receipt**. Family members that qualify under the terms PAM 1477-1 Sixth Edition., subparagraph "Family members" shall be eligible for reimbursement for actual "**out of pocket**" expenses up to, but not to exceed fifty dollars (\$50.00) for one (1) approved application. A paid receipt and/or an Explanation of Benefits (EOB) from Insurance carriers or Medicare shall accompany applications submitted. (This plan does not allow for dual payments). Payment will be made only to the member, (unless the dependent is otherwise eligible). Family members, dependents, must be registered with the Branch Office, list the names and ages of family members to be covered under this plan.

2. The Plan is limited to active Letter Carriers and families who are paying dues to the Branch, either by the dues check off or direct payees. In order to be eligible, each member must provide the Branch office with the name, birth-date, and sex of each member of their family to be covered. All family members, single and under 22 years of age, are subject to receive benefits.

3. Members of families reaching the age of 22, who remain single, may continue to be covered under the Plan by making application to the Branch and by paying \$1.00 monthly advance, with the full amount due January 2 each year except for those reaching 22 in mid-year who may prorate payment for the remainder of the year with full amount coming due January each year.

4. Retires who are already retired prior to January 2, 1982, may be eligible for the Plan by making application and by paying \$.50 each month with the full amount coming due January 2 each year, payable in advance. Application of retired member will provide coverage for the retired member and spouse, if living together.

5. Retires who have been members of the NALC for 50 years or more will be covered under this Plan without charge for the

remainder of their lifetime. The same coverage is applied to the spouse of 50-year members.

6. Active members entering into retirement may, upon application, continue under the Plan. Payment for the remaining months in the year of retirement will be prorated and the member will be billed for \$.50 for each remaining month.

7. Retires who have applied for the Plan will be billed each January for the amount of payment for the Plan in addition to regular annual retirees dues; in which case the amount for each will be specified for tax purposes. Receipt for payment will be mailed to each member.

FAMILY MEMBERS

Family members, as applied to this Plan, will consist of the following:

1. Spouse of the NALC active member.
2. Spouse of the NALC retired member who has made application.
3. Dependent children of members who are under 22 years of age and who remain single.
4. Dependent children of retired members who have made application for coverage under the Plan and the conditions in #3 above apply.
5. Dependent children are those by natural birth or legally adopted and are reported to the Branch office.

HOW TO CLAIM BENEFITS

For reimbursement of the amount payable, a claim form must be prepared by the member or the members authorized representative or agent. The claim forms are available at the Branch office and in each station or work unit.

Claims must be made within the year in which service is rendered.

Each claim form must be accompanied by a paid bill from the doctor performing the service.

Upon proper application and approval by the Health Benefits Representative, the Branch will reimburse the member in the amount due which is payable from the Special Fund set aside for that purpose. Payment will be made as expeditiously as possible.

DUTIES OF THE HEALTH BENEFITS REPRESENTATIVE

The Health Benefits Representative will receive all applications