



Fire Fighters Association of Missouri

Eye Glasses Assistance Program Request Form

The FFAM provides up to \$200.00 to repair or replace eye glasses damaged or lost on an emergency incident. Many times a department's insurance policy will cover the repairs or loss and we ask that this avenue be explored first. If there is no coverage available, we will be more than happy to assist.

If you choose to replace your eye glasses instead of repairing them, FFAM will only assist with the cost of the part(s) that were damaged. Eye exams are not part of the assistance program. The eye glasses assistance program shall not exceed \$200 per year per member. FFAM reserves the right to approve or deny any request as it deems necessary.

Date of request: _____ Date of incident: _____

Name: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Department: _____ Phone: _____

Department Chief: _____ Email: _____

Chief's signature verifying damage or loss: _____

Brief explanation of how glasses were damaged or lost: _____

Damage Claim

Loss Claim

List items damaged and replacement cost:

List replacement cost for lost item:

Right lenses \$ _____

\$ _____

Left lenses \$ _____

Right arm \$ _____

Left arm \$ _____

Frame front \$ _____

Other \$ _____

Have you filed any other insurance claims? Yes No If yes, what is the maximum payment? _____

Is there a deductible? Yes No If yes, what is the deductible? _____

A receipt verifying actual loss is required (copies are acceptable)

Submit claim form and receipt to: FFAM, PO Box 1153, Warrensburg, MO 64093 or ffam.jmiller@gmail.com