



**RAYTHEON COMPANY
SAFETY EYECARE AUTHORIZATION FORM**

EMPLOYEE INSTRUCTIONS

- 1) Have your manager/supervisor complete the section entitled "To Be Completed By The Manager/Supervisor."
(YOUR MANAGER/SUPERVISOR MUST SIGN THE FORM).
- 2) Make an appointment with a VSP provider. SPECIFY THAT YOU ARE MAKING AN APPOINTMENT FOR SAFETY EYEWEAR. If you need to locate a VSP participating provider, call Vision Service Plan at (888) 426-3937 or visit their World Wide web site at www.vsp.com.
- 3) At the time of your appointment, present your signed Safety Eyecare Authorization Form to your VSP provider.

PROVIDER INSTRUCTIONS

- 1) Obtain authorization by faxing your request to VSP at (800) 884-1021 or calling the VSP Provider Services Support Line at (800) 615-1883.
- 2) Acquire a signed Safety Eyecare Authorization Form from the patient at the time of the visit *(THE PATIENT MUST HAVE A SIGNED SAFETY EYECARE AUTHORIZATION FORM).*
- 3) Keep a copy of the signed authorization in the patient's file.

TO BE COMPLETED BY THE MANAGER / SUPERVISOR

Employer: Raytheon Company Group Number: 12-099251

Employee Name: _____

Employee's Social Security Number: _____

Manager / Supervisor Name (please print): _____

Manager / Supervisor Signature: _____