

Memorandum

TO: All Rail Employees

FROM: Betsy Stern
Manager of Safety Compliance

DATE: July 1, 2018

SUBJECT: 2018 Prescription Safety Eyewear Program

All NJ TRANSIT Rail employees are eligible for two pairs (**one clear pair and one tinted pair, or two clear pairs**) of prescription safety eyewear during the calendar year January 1st through December 31st 2018.

The vendor for the Prescription Safety Eyewear Program is Essilor. The procedure is to take your prescription, along with the **new** forms, (one form for each pair) to one of the eye care professionals on our list. The eye care professional then faxes your completed forms directly to Essilor at **800-553-1730**.

These are **important points to remember:**

1. You must use the eye care professionals on the attached list. NJ TRANSIT **WILL NOT BE RESPONSIBLE FOR ANY CHARGES** you might incur if a non-participating provider is used.
2. If you have any problems with your glasses contact Betsy Stern at (973) 491-7953 or bstern@njtransit.com or Bill Feeney at 973-491-8945 or wfeeney@njtransit.com.
3. The approved frames are on display at the eye care professionals. The eyeglasses will be received by the eye care professional within 2 - 3 weeks. If you do not hear from the eye care professional by then, contact them to verify whether the glasses have arrived.
4. All prescription safety glasses come with permanent side shields. **DO NOT REMOVE** the side shields or you will not be in compliance with Safety Rule 252.

REQUEST FOR SAFETY PRESCRIPTION EYEWEAR

INSTRUCTIONS FOR ORDERING SAFETY GLASSES

- A. Use one form for each pair of glasses.
- B. The following are **not** permitted:
1. Glass Lenses
 2. Photosensitive Lenses
 3. Transition Lenses
 4. Eyewear without side shields (**Side shields must be permanent.**)
- C. The employee will fill in the top-left portion on the **new** eyewear form.
- D. Employees must take the entire form to an eye care professional for completion of the prescription information.
1. Payment for an eye examination is the responsibility of the employee, subject to the applicable union agreement.
 2. Print your name, phone number, employee number and your work location legibly on the form(s) and have the eye care professional fax your completed form to:

Essilor
800-553-1730
- E. Essilor will return the finished glasses by mail to the eye care professional indicated on the completed form. It normally takes 2-3 weeks for the glasses to be returned to the eye care professional. You can call them any time within that period to see if your glasses are ready.
- F. **RETURNS**
If you have any problems with your glasses or if they need repair, call Betsy Stern, Office of System Safety, at 973-491-7953, or Bill Feeney at 973-491-8945 for forwarding instructions.

New Jersey Eye Care Professional Locations

Allied Vision
14 Route 31, North
Flemington, NJ 08822
908/806-8883

Eyes First Vision Center
733 Route 72
West K-Mart Plaza
Manahawkin, NJ 08050
609/597-0250

Eyes First Vision Center
3013 Route 35 & Poole Avenue
Hazlet, NJ 07730
732/739-4000

Dr. Saferstein
275 Forest Avenue
Paramus, NJ 07652
201/986-0202

Eyes First Vision Center
35 Monmouth Street
Red Bank, NJ 07701
732/530-5151

Bergen Optometry Group
348 Main Street
Hackensack, NJ 07601
201/342-2767

Eyes First Vision Center
Pathmark Shopping Center
1147 Highway 35
Middletown, NJ 07748
732/671-7300

Dr. R. Millman
16 North Morris Street
Dover, NJ 07801
973/366-1571

Dr. Victor Borkowski
1700 Madison Avenue
Lakewood, NJ 08701
732/367-1881

Wise Vision & Hearing
334 Washington Street
Hoboken, NJ 07040
201/792-5100

Eyes First Vision Center
28 Main Street
Toms River, NJ 08775
732/240-2021

Eye Site
Dr. Robert Messinger
1108 Washington Street
Hoboken, NJ 07040
201/659-3724

Eyes First Vision Center
359 Brick Boulevard
Drum Pt. Plaza
Brick, NJ 08723
732/920-1330

Eye Shapes
118 Washington Street
Hoboken, NJ 07030
201/653-2020

Optical Gallery
Leoniak Plaza
909 Cedar Bridge Ave
Brick, NJ 08723
732/477-0531

Eye Contact Vision Center
368 Central Avenue
Jersey City, NJ 07307
201/659-2774

Dr. Delesio
1955 Springfield Ave
Maplewood, NJ 07040
973/761-5313

Dr. Michael Petruska
1326 Belvidere Road
Phillipsburg, NJ 08865
908/454-2300

GEM Family Eyecare
1086 St. George Avenue
Rahway, NJ 07065
732/388-0073

Dr. Susan Bell
1964 N. Olden Avenue
Ewing, NJ 08618
609/883-4407

Optics By Frank
386 Totowa Road
Totowa, NJ 07512
973/956-0001

Dr. William Beyer
395 Rt. 33
Mercerville, NJ 08619
609/586-0273

New York Eye Care Professional Location

Penn Optical
450 7th Ave
New York, NY
212/279-4826



INDUSTRIAL PRESCRIPTION
 Please Fax or Email Form To:
 800-553-1730 or essilorpsdataentry@essilorusa.com
 US Safety / Duffens Optical - Lenexa, KS
 FAX BACK CONFIRMATION REQUIRED

Date: _____ Phone# (REQUIRED): _____
 ID# (REQUIRED): _____

Employee Name: _____
 Location (REQUIRED): _____

Sphere	Cylinder	Axis	Prescribed Prism In Out Up Down	Lens Options
R				
L				
Add	Height	Dist - PD -Near		Lens Materials Polycarbonate Plastic
R				
L				Coatings None allowed
Base Curve	OC Height	Bifocals (Please Indicate Style)		Tints/Photochromics Solid Tint - Grey only #1 #2 #3
R				
L				Items NOT Allowed Glass Lenses Polarized or Transition Lenses Detachable Sideshields Anti-Reflective Coating
Supply Frame Follow	Frame Enclosed	Trifocals (Please Indicate Style)		ECP Acct #: Company Acct#: 16593
Circle One	Frame to Lenses Only			
Frame Name	Progressives (Please Indicate Style)			
Frame Color				
Eye Size	Bridge	Tip Length	Sideshields Permanent Required	
Special Instructions				

FAX BACK CONFIRMATION REQUIRED
 FAX# _____

Ship Glasses To: _____ Phone: _____

Address: _____

City/State/Zip: _____

Price List - USS PL 906 / ELOA PL 408
 Bill Company in Full

NJ Transit

Newark, NJ

If you have questions regarding job status call the lab at 800-397-2020.

Frame Options	Company Pays	Employee Pays	Not Allowed	Instructions
Tier 1 - 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	* Current Prescription (within 2 yrs or expiration date) required.
Tier 5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	* Obtain or Bring prescription to approved eyecare provider.
Tier 6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	* Eyecare provider must order, dispense & fit your safety glasses.
Tier 7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Special Instructions
Tier 8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	* NJ Transit will pay the complete cost of safety glasses.
Tier 9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	* 2 pair allowed per year (1 clear & 1 tinted or 2 clear). 2 FORMS NEEDED IF ORDERING 2 PAIR.
Tier 10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lens Material Note
Lens Styles	Company Pays	Employee Pays	Not Allowed	* Essilor strongly recommends the use of polycarbonate for the best protection.
Single Vision	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	* Note: Standard plastic and glass lenses are "Basic Impact Rated" protection only and do not meet the "High Impact Rated" requirements of ANSI Z87.1-2015.
Bifocal/Trifocal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ordering/Shipping
Progressive Level 1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	* Eyecare provider will order glasses & will receive completed glasses.
Progressive Level 2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	* Employee needs to be fit properly by eyecare provider.
Progressive Level 3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Misc. Fees
Progressive Level 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	* Essilor will bill NJ Transit for the \$16.53 dispensing fee & reimburse the eyecare provider.
Progressive Level 5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	* Eyecare provider will collect any exam fees directly from the employee or any insurance, if applicable.
Lens Material	Company Pays	Employee Pays	Not Allowed	
Polycarbonate	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Plastic	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Glass	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Coatings	Company Pays	Employee Pays	Not Allowed	
Ultra Hard Coat	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Anti-Fog Coating	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Anti-Reflective Coating	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Lens Color	Company Pays	Employee Pays	Not Allowed	
Solid Tint #1, #2, #3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Gradient Tint	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Transitions® VII	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Transitions® XTRActive	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Polarized	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Miscellaneous	Company Pays	Employee Pays	Not Allowed	
Dispensing Fee \$16.53	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Permanent Sideshields	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Detachable Sideshields	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Program related questions please call NJT below

Betsy Stern - 973-491-7953
 Or
 Bill Feeney 973-491-8945

Safety glasses must meet ANSI Z87.1-2015 standards.



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Supply Frame Follow Only	Frame Enclosed Lenses Only		Trifocals (Please Indicate Style)	Items NOT Allowed Glass Lenses Polarized or Transition Lenses Detachable Sideshields Anti-Reflective Coating
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Frame Name			Progressives (Please Indicate Style)	ECP Acct #: Company Acct#: 16593
Frame Color				
Eye Size	Bridge	Tpl Length	Sideshields Permanent Required	
Special Instructions				
FAX BACK CONFIRMATION REQUIRED FAX# _____				

Ship Glasses To: _____ Phone: _____
 Address: _____
 City/State/Zip: _____

**** EYECARE PROVIDER ** MAKE ALL ORDER SELECTIONS ON THE LEFT SIDE OF THIS FORM**

Price List - USS PL 906 / ELOA PL 408
 Bill Company in Full

NJ Transit Newark, NJ

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Transitions@ VII	<input type="checkbox"/>		<input checked="" type="checkbox"/>	
Transitions@ XTRActive	<input type="checkbox"/>		<input checked="" type="checkbox"/>	
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