



Worker's information

Worker's last name	First name	Middle initial	WorkSafeBC claim number
Worker's Personal Health Number (BC Services Card/CareCard)	Date of service (yyyy-mm-dd)	Date of report (yyyy-mm-dd)	

The information required is that referable to the damage done in the accident. WorkSafeBC does not assume responsibility for any other services rendered.

This worker has requested that WorkSafeBC consider replacement or repair of eyeglasses/contact lenses that were damaged while at work.

It would be appreciated if you would answer the following questions and return this form to the WorkSafeBC office so that we may assess the amount payable for actual damage sustained.

Select the type of lens			
<input type="checkbox"/> Single vision	<input type="checkbox"/> Round top bifocal	<input type="checkbox"/> Flat top bifocal	<input type="checkbox"/> Trifocal <input type="checkbox"/> Contact
O.D. add.	O.S. add.	Circle division	1 st or 2 nd
Full details on sphere, cylinders			
Please select if supplied			
<input type="checkbox"/> Tint	<input type="checkbox"/> Prism	<input type="checkbox"/> Hardex	
Frames: Please describe types supplied			
Who supplied the previous glasses?			
When they were supplied? (yyyy-mm-dd)	Are the new glasses the same quality of frame? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are the new glasses the same lens type and quality as the old ones? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Signature of physician-optician, optometrist, or optician			Date of report (yyyy-mm-dd)

How to submit your form

Online is the quickest and easiest method! Complete this fillable form and add your electronic signature, then visit worksafebc.com/claims-uploader to submit the electronic document to the worker's claim file.

Fax: 604.233.9777 (toll-free at 1.888.922.8807) | **Mail:** WorkSafeBC, PO Box 4700 Stn Terminal, Vancouver, BC, V6B 1J1

For further assistance: Claims Call Centre, 604.231.8888 (toll-free at 1.888.967.5377), M-F, 8 a.m. to 6 p.m.

WorkSafeBC collects information on this form for the purposes of administering and enforcing the *Workers Compensation Act*. That Act, along with the *Freedom of Information and Protection of Privacy Act*, constitutes the authority to collect such information. To learn more about the collection of personal information, contact WorkSafeBC's FIPP Office, at PO Box 2310 Stn Terminal, Vancouver BC, V6B 3W5, or email FIPP@worksafebc.com, or call 604.279.8171.