



# SAFETY EYEWEAR PROGRAM





#### Dear Safety Director,

National Vision's network of stores help people to see their best and live their best by providing high quality eye care and eyewear at low costs. The **National Vision**, **Inc** ("National Vision" or "NVI") **Prescription Safety Eyewear Program** has been in place since 1997 and has provided our customers with a combination of:

#### High Quality Products

Not only does the Safety Eyewear Program include a well curated collection of OSHA and industry approved frames and lenses, but you will have access to thousands of other stylish frames as well as prescription sunglasses.

✓ All finished products are checked using a computerized lens analyzer and conventional inspection instruments to ensure accuracy.

#### Convenient Retail Locations

National Vision's network spans over 1150 stores and Optometry offices, with confirmed year-over-year growth. The following brands operate under National Vision's national network:

- ✓ America's Best Contacts & Eyeglasses
- Eyeglass World
- ✓ Vista Optical in select Military Exchanges and Fred Meyer locations

#### Competitive Pricing

At National Vision, we are committed to providing low cost, quality eye care services to ALL. In addition to normal retail savings, the **National Vision Prescription Safety Eyewear Program** offers 30% to 50% discounts off our standard retail pricing on lenses, as well as low priced, OSHA approved frames and side shields.

#### Service After the Sale

Perhaps our greatest asset, our store Associates are well trained and extremely knowledgeable. They can help assist with any eyewear related needs that may arise over the life of the program. This would include any adjustments or repairs, as well as fittings for contacts or glasses outside of the Safety Eyewear Program. No matter where you purchase your eyewear, you will be able to go to any National Vision store across the country for assistance!

For your convenience, Doctors of Optometry are available to perform eye examinations in most locations, if required. Eye examination fees may be included in the Safety Eyewear Program in select locations if the Doctor is an employee of National Vision.

#### **HOW IT WORKS...**

The National Vision Safety Eyewear Program was designed for Safety professionals to address both the "Company" and the "Employee" needs for ease of administration and convenience. Our program is simple and flexible to fit the needs of our customers. To set up your account, you will need to complete the forms included in this packet and accept the terms and conditions that will be sent electronically.





#### 1) Safety Eyewear Program Benefits Selection Form -

Please complete and sign this form. Depending on your business requirements and budget, you select the safety eyewear options that best fit your Company's needs. You may choose a flat dollar allowance for your employees or choose specific lenses, frames and miscellaneous options to be paid by "Company".

#### 2) Company Account Set-Up Form -

Please complete and sign this form.

#### 3) National Vision Safety Eyewear Sales Agreement –

Sent via Docu-sign.



#### Email, Fax or Mail the Forms to Us -

The quickest way to establish your account is to email the completed forms to NVI-SafetyEyewear@nationalvision.com or fax them to (678)623-0432. Otherwise, you may mail the forms to National Vision Safety Eyewear Department, 2435 Commerce Ave Building 2200, Duluth, GA 30096.

Your account request will be processed within 5-7 business days and you will receive your Safety Eyewear Voucher either electronically (if email is provided) or via regular mail. We hope you will visit one of our retail stores and see firsthand the selection of frames offered.

#### If You Have Any Questions

If you have any questions about our prescription safety eyewear program, please contact your local Retail Store Manager, the Safety Eyewear Department at (800) 945-4505, or email NVI-SafetyEyewear@nationalvision.com. We look forward to serving you in the near future and for years to come.

2435 Commerce Ave Bldg 2200, Duluth, GA 30096 • (800) 945-4505 • Fax (678) 623-0432

#### PROGRAM GUIDELINES

For ease of communication, **National Vision** requests that a key person within your company be designated to oversee the program and respond to correspondence and inquiries.

The lenses, frames, add-ons and services to be authorized are determined by the options indicated on your **Safety Eyewear Benefit Selection Form**. If you would like to discuss a payment arrangement with the independent optometrist associated with the retail location, please contact your local Retail Store Manager. They will assist you in making the appropriate contacts.

Your authorized selections determine which optical products (lenses, frames, tints, etc.) employees may or may not purchase, as well as what will be paid for the Employer. Any charges for optical products and services not covered by the program will be paid for in full by the Employee at the time the safety eyewear is ordered. **An extended warranty is not available for safety eyewear.** Products and services will be provided to your Employees in our Retail Stores.

A list of stores can be obtained by contacting our Corporate Safety Eyewear Department via email NVI-SafetyEyewear@nationalvision.com. Otherwise, you may call us at (800) 945-4505.







#### SAFETY EYEWEAR VOUCHER

Once an account has been established, the Company will be issued a Safety Eyewear Voucher (sample enclosed) which can be copied and distributed as needed. The voucher will act as the authorization for our retail locations to provide safety eyeglasses to your Employees. The Company will be billed monthly for all vouchers redeemed in our store.

Each Employee authorized to receive safety eyewear paid for by the Company must bring the voucher with them to one of our retail locations in order to receive products.

#### Using the Safety Eyewear Voucher

- 1. Print the Employee's full name.
- 2. Complete the **Purchase Order Number** section **only** if Company requires this information.
- 3. The Employee must sign and date the form.
- 4. Provide the authorized Company representative's printed name, phone number, signature and date.
- 5. National Vision's receipt of a completed voucher will represent an agreement by the Company to pay National Vision in accordance with the terms and conditions defined in the Supplier Sales Agreement for products and services as listed on the National Vision Safety Eyewear Benefit Selection Form.

#### BILLING & RECORDS

The Company is responsible for making a copy of the voucher before sending the Employee to the retail location if a copy of the form is required by the Company. National Vision will bill the Company monthly for all prior month transactions. Payment is due per agreed net terms upon receipt of the Monthly Invoice.

Transaction records and the original copy of the voucher for all Employees will be retained in the retail location. Vouchers will be retained for one year.









#### Monthly Invoicing

Invoices will be sent via email by the 5<sup>th</sup> of every month to the designated recipient for the Company.

#### Your monthly invoice contains the following information:

Transaction Date

- Amount Billed to the Company
- Reference Number/Store Number 

  Detailed Listing of Charges per Transaction
- **Employee Name/Description**
- **Prior Open Invoices (Aging Statement)**

Your monthly invoice may be paid by ACH, Credit Card or Checks.

- ACH and Credit Card payments will be accepted through our Snap Pay Payment Portal. Your Safety Account Specialist will send you set up instructions as part of your initial account set up.
- All companies, regardless of payment method chosen, will have the ability to view current and past invoices and statements on the Snap Pay Portal. www.snappayglobal.com
- Check Payments are accepted, but not a preferred method; as it may result in a delay in processing.

**National Vision, Inc. Safety Eyewear Department** 2435 Commerce Ave Bldg #2200 **Duluth, GA 30096** 

To ensure proper credit to your account, a remittance referencing your customer number or invoice should be emailed to NVI-Safetyeyewear@nationalvison.com.

If you have any questions regarding your invoice, please contact our Safety Eyewear Department on weekdays 8:30 AM - 5:30 PM EST at (800) 945-4505 or NVI-SafetyEyewear@nationalvision.com.

#### PLAN OPTION DISCOUNT

The Safety Eyewear Discount Plan is an option for any Company that requires employees to wear Safety Eyewear, but is unable to pay for any part of that Safety Eyewear. Your Company will still be entered into our system and a voucher will be produced for your Employees to use, giving them the same access to the discounts in the Monthly Billing program, which includes up to 50% off our retail lens prices and 30% off our retail frame prices.

- Fill out only the Benefit Selection Form and Safety Eyewear Sales Agreement send to the Safety Eyewear Department, making sure to check the box stating this is a discount plan.
- Your company plan will be set up in our system in 5-7 days and the voucher sent to you.
- Fill out a voucher as needed for your Employees to bring into one of our Retail Locations.
- Employee will be given the discounted rate for Safety Eyewear.
- All monies will be collected from the Employee at the time of service, and no billings will be sent to the Company.





## National Vision's Safety Eyewear Program

Sample Voucher, Sample Invoice and Frame Selection

# NATIONAL \*\* VISION

#### NATIONAL VISION SAFETY EYEWEAR VOUCHER

Employee Name (please print)	Purchase Order Number (if required)
Pursuant to an agreement between approved National Vision Store is authorized to provi	and National Vision, Inc., the
Employee must present a valid prescri	ption at the time of purchase.
	nny pays up to towards safety eyewear. Any ning balance ( <b>if allowed by the Company</b> ) will be the
	sibility of the employee at the time of purchase.
Required	
What am I <b>required</b> to have by my employer?	
Allowances	```.
What am I allowed to have that my company pays	s towards? Out of Pocket unarades?
	****
Allowance May Be Applied To	Employee May Pay For
Not Allowed	
What am I <b>not allowed</b> to have, per my employe	or?
, nat am i Not attor of the nace, per my employe	
Employee Signature	Date
Employee Signature	Date
Authorization Rep	Phone Number
Authorization Signature	Authorization valid days from this date
1. Company completes authorization form, including obtain	• •
<ul><li>2. Company copies form for company records if desired.</li><li>3. Employee presents form at a participating National Vi:</li></ul>	sion Store.

4. The National Vision store files the original Authorization Form with the nightly paperwork.

Invoice

Original

National Vision, Inc.

Safety Eyewear Department 2435 Commerce Ave, Bldg 2200

**Duluth, GA 30096** 

Date: Invoice Number: 9/7/6543 123775

Customer ID:

1234

4/3/2022 Due Date:

Bill To:

1234-The Fun House Michael Mouse 1 Happy Place Orlando, FL

31520

Customer: #1234 ap@thefunhouse.com

Net Terms 30 Days

#### **Current Invoice**

Date	ID	Store	Description	Amount	Credits	Net
02/24/22	108119	639	Mouse, Martha	\$100.00	\$0.00	\$100.00
				Current State	ment	\$100.00

#### **Prior Open Invoices**

Date	Invoice Number	Description	Amount	Credits	Net

**Previous Balance** 

\$100.00 **Total Account Balance** 

#### Base Program

#### Frame Retail Price \$20.00 Frame Voucher Price \$12.00 **Side Shield Price \$3.00**



#### OnGUARD 013



Install EZ pin for permanently attached side shields

SKU# Color Size Black 49-19-145 1016458659 1016458660 Tortoise 49-19-145

Side Shield SKU# 013EZ 1016458661

#### OnGUARD 014 Color Size SKU# 50-16-145 1016458665 Matte Clear Matte Tortoise 50-16-145 1016458664 Matte Clear Side Shield SKU# 014EZ 1016458666 Install EZ pin <014EZ for permanently attached side shields EZ Shield™

Color

#### OnGUARD 015

<013EZ

EZ Shield™

√015EZ

EZ Shield™



Install EZ pin for permanently attached side shields

Size SKU# Color 1016459128 52-17-140 Tortoise Black 52-17-140 1016459127

SKII# Side Shield 015EZ 1016459129

#### ONGUARD 070P



Install EZ pin for permanently attached side shields

Size 1016436788 Gunmetal 54-16-140

SKU# Side Shield 1016447042 204EZ

#### ONGUARD 071P



Install EZ pin <205EZ for permanently attached side shields EZ Shield™

SKII# Color Size Gold 54-18-140 1016436807 52-18-140 1016436810 Gunmetal 1016436812 56-18-140

Side Shield SKII# 205EZ 1016447043

#### ONGUARD 160S

√070PEZ

EZ Shield<sup>TM</sup>



Comes standard with √Integral plano lenses

Color SKII# Size Light Brown 60-15-131 1016451948 Grey 60-15-131 1016452190

#### A2 204



Install EZ pin 204EZ for permanently attached side shields EZ Shield™

Color SKU# Size Black 53-18-140 1016451665

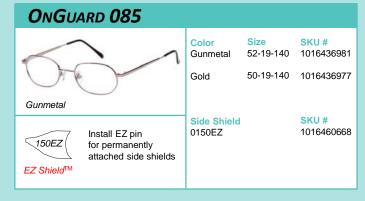
Side Shield SKU#

A2-204F7 1016451668

#### Frame Retail Price \$50.00 Frame Voucher Price \$30.00 **Side Shield Price \$3.00**

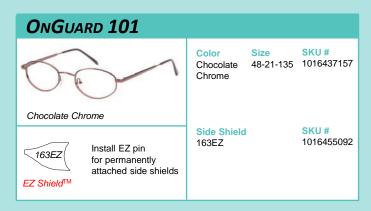








OnGuard 093			
Gunmetal	Color Gold Gunmetal	Size 48-21-135 50-21-135	SKU # 1016437087 1016437090
Install EZ pin for permanently attached side shields	Side Shield 163EZ		<b>SKU #</b> 1016455092





OnGuard 112		
Stainless Steel	Color Size Chocolate Chrome	<b>SKU #</b> 101637295
Antique Pewter	Antique 53-17-140 Pewter	1016437294
Install EZ pin for permanently attached side shields	Side Shield 182EZ	<b>SKU #</b> 1016447046

Install EZ pin

for permanently attached side shields

Spring Hinges

√021EZ

EZ Shield™

#### Frame Retail Price \$80.00 Frame Voucher Price \$50.00 **Side Shield Price \$3.00**



#### OnGuard 021 Color Size Black 53-18-140 Tortoise 53-18-140 Navy Black Side Shield



ONGUARD 086		
Chocolate Chrome	Color Size Chocolate 55-19-145 Chrome	SKU # 1016437000
Install EZ pin for permanently attached side shields  EZ Shield <sup>™</sup>	Side Shield 151EZ	SKU # 1016461195









#### Frame Retail Price \$120.00 Frame Voucher Price \$72.00 Side Shield Price \$3.00



SKU#

1016448577

### OnGUARD 125

Chocolate Chrome



Install EZ pin for permanently attached side shields Spring Hinges

SKU# Color Size Chocolate 55-17-140 1016437449 Chrome

SKU# Side Shield 196EZ 1016455093 OnGuard 210S Strap \$3.00 Opaque Black 57-16-120\* 1016445520 Replacement \*145mm Practical Fitting Value Black Forceflex® Technology NON √Integral \*Best as sunglasses FREE \*Limited peripheral • Integrated Side Shield

#### ONGUARD 220SDD











· Integrated Side Shield

#### Strap \$3.00

Size SKII# Color Opaque 58-15-135 1016446933

Chestnut 58-15-135 1016446934 Brown

Grey/Pink 55-15-130 1016447811 Frame includes detachable dust dam

Black Dust Dam (58) 1016446932 Grey/Pink Dust Dam (55) Replacement Bridge (55) 1016447863 1016453056 Replacement Bridge (58) 1016453057 Replacement Strap 1016448577

Solid bridge for harsh environments

Replacement Solid Bridge (55) 1016460065 Replacement Solid Bridge (57/58) 1016460066

#### OnGUARD 225S





• Integrated Side Shield

#### Dust Dam \$5.00 | Bridge \$10.00 Strap \$3.00

Size

Color Size SKII# Silver/Navy 57-16-135 1016454032 61-17-135 1016454033

Black/Yellow 55-15-130 1016454040

Black Dust Dam (55) 1016454022 Black Dust Dam (57) 1016454023 Black Dust Dam (61) 1016454024 Replacement Bridge (55) 1016454025 Replacement Bridge (57) 1016454026 Replacement Bridge (61) 1016454027 Replacement Strap 1016448577

Solid bridge for harsh environments

Replacement Solid Bridge (55) 1016460065 Replacement Solid Bridge (57/58) 1016460066 Replacement Solid Bridge (61) 1016460067

#### OnGUARD 401



√401EZ EZ Shield™

Install EZ pin for permanently attached side shields Spring Hinges

Color SKU# Size 1016450545 Blue 52-17-135 1016450544 Purple 52-17-135

SKU# Side Shield 401EZ 1016450552

#### OnGuard 450



Install EZ pin 450EZ for permanently attached side shields EZ Shield™ Spring Hinges

SKU# Color Size 1016450436 Brown 53-18-145

Side Shield 450EZ

SKU# 1016450452

#### Frame Retail Price \$140.00 Frame Voucher Price \$87.00 **Side Shield Price \$3.00**



#### OnGUARD US110S Full Seal \$15.00 Color Size SKU# 59-17-135 1016459886 Black/Red Replacement Full Seal 1016459878 Black/Red 1016459877 Replacement Bridge NON Integral REPLACEABLE NOSE BRIDGE FREE • Integrated Side Shield

















# National Vision's Safety Eyewear Program Account Set Up Forms

Please complete the following forms to set up your account and email or fax to:

NVI-SafetyEyewear@nationalvision.com 678-623-0432

**Note**: The actual Supplier Agreement will be sent through DocuSign.

## National Vision, Inc. Safety Eyewear Program Benefit Selection Form

Company Use Only
Plan Code Assigned:

Selec	tion Form			
				# of Employees:
Contact: _ Email Add	ress:	Phone Num	ber:	
Voucher V	'alid for days after	issue date		
Maximum amount d	and lenses offered as part of the dollar amount covered toward ue over this amount.  A DISCOUNT PLAN AND THE EN	ds eyewear purchase: \$_	Employ	rees will be responsible for a
<u>Compan</u>	y Requires:			
Pleas	e make a selection:	Des	cription	Voucher Price
	Detachable Side Shields		tection; Detachable Side Shield ently removed and reattached.	ds \$3
	Permanent Side Shields	==	tection; Permanent Side Shield be removed.	ds \$3
	Non-Conductive Frames	Non-Conductive Frames do	not conduct electricity or hea	t. \$12 - \$87
	Polycarbonate	scratch resistant. The softe	erial that is impact resistant a r material allows for absorption ng a much safer lens.	640
Frame O	ptions Allowance may be	used towards the fo	llowing IF SELECTED:	
		Required?	Voucher Price	Out of Pocket Jpgrade Allowed
	Base	(Y or N)	\$12	(Y or N)
	Upgrade 1	(Y or N)	\$30	(Y or N)
	Upgrade 2	(Y or N)	\$50	(Y or N)
	Upgrade 3	(Y or N)	\$72	(Y or N)
	Upgrade 4	(Y or N)	\$87	(Y or N)
Frame Pa	arts_ Allowance may be us	ed towards the follow	ving IF SELECTED:	
			Voucher Price U	Out of Pocket Ipgrades Allowed
	Replacement Nose Bridge		\$10	(Y or N)
	Replacement Dust Dams		\$5	(Y or N)
	Full Seal for US110, US120		\$15	(Y or N)
	Replacement Straps		\$3	(Y or N)
	Additional Rx Carrier for OG	G-800	\$10	(Y or N)

#### National Vision, Inc. Safety Eyewear Program Benefit Selection Form

<u>Safety Lens Materials</u> Allowance may be used towards the following IF SELECTED:

	Required?	Out of Pocket Upgrades Allowed
CR39	(Y or N)	(Y or N)
Polycarbonate	(Y or N)	(Y or N)

**Safety Lens Styles** Allowance may be used towards the following IF SELECTED:

	,	,	3
	Description	Voucher Price CR39/Poly	Out of Pocket Upgrades Allowed
SV	Distance <b>or</b> reading vision <b>ONLY.</b> Available for inserts/Rx carriers.	\$19	(Y or N)
Bifocal ST 28	Correction for two focal lengths. Available for inserts/Rx carriers.	\$39	(Y or N)
Bifocal ST 35	Wider bifocal window than the ST 28.	\$59	(Y or N)
Trifocal 7 x 28	Correction for distance, reading and intermediate with two bifocal windows.	\$69	(Y or N)
Executive Bifocal (Cr-39 ONLY)	Bifocal where the window covers the entire length of the lens.	\$64	(Y or N)
Trifocal 8 x 35 (Cr-39 ONLY)	Wider trifocal window than the Trifocal 7 x 28	\$89	(Y or N)
DD 28 (Cr-39 ONLY)	Occupational bifocals. Segmented with window at the top and bottom.	\$99	(Y or N)
Progressive Tier 1	Standard Progressive lens. Corrects all focal lengths without a line.	\$74	(Y or N)
Progressive Tier 2	Upgraded Progressive lens. Corrects all focal lengths without a line.	\$99	(Y or N)
Progressive Tier 3 (Poly ONLY)	Premium Progressive lens. Corrects all focal lengths without a line.	\$129	(Y or N)

<u>Safety Lens Upgrades</u> Allowance may be used towards the following IF SELECTED:

	Voucher Price CR39 Poly Trivex	Out of Pocket Upgrades Allowed
Single Vision Transitions	\$79 \$79 N/A	(Y or N)
Bifocal ST 28 Transitions	\$99 N/A \$139	(Y or N)
Trifocal 7 x 28 Transitions	\$129 N/A N/A	(Y or N)
Tier 1 Progressive Transitions	\$134 \$134 N/A	(Y or N)

#### National Vision, Inc. Safety Eyewear Program Benefit Selection Form

		Vouch cr39	er Price Poly	Out of Pocket Upgrades Allowed
_ T	ier 2 Progressive Transitions	\$159	\$159	(Y or N)
П	ier 3 Progressive Transitions	N/A	\$189	(Y or N)
S	ingle Vision Polarized	\$64	\$64	(Y or N)
В	Bifocal ST 28 Polarized	\$84	\$84	(Y or N)
Т	ier 2 Progressive Polarized	\$144	\$144	(Y or N)
nts and	d Coatings Allowance may b	be used tow	ards the follo	owing IF SELECTED:
		Vouc	cher Price	Out of Pocket Upgrades Allowed
A	Anti-Reflection Coating		\$35	(Y or N)
S	olid Tint		\$9	(Y or N)
П	JV Protection (included in all Poly lense.	s)	\$9	(Y or N)
	nin states/offices, you may elect to app Optometrist. Please reach out to y nstructions/Notes		-	
	Optometrist. Please reach out to y		-	
pecial Ir	Optometrist. Please reach out to y		-	
atemei	Optometrist. Please reach out to ynstructions/Notes	your Safety Accou	-	more information.
atemer	Optometrist. Please reach out to ynstructions/Notes  nt of Agreement  Representative:		-	
atemer	Optometrist. Please reach out to ynstructions/Notes  nt of Agreement  Representative:	your Safety Accou	-	more information.
ecial Ir	Optometrist. Please reach out to ynstructions/Notes  nt of Agreement  Representative:	Print Name	-	Job Title
catemer company   gnature:	Optometrist. Please reach out to ynstructions/Notes  nt of Agreement  Representative:  /ision Representative:	Print Name	-	Job Title
tatemerompany	Optometrist. Please reach out to ynstructions/Notes  nt of Agreement  Representative:  /ision Representative:	Print Name Signature	-	Job Title  Date

#### National Vision, Inc. Safety Eyewear Program – Company Account Set-Up Form

#### **COMPANY INFORMATION:**

Business Name:				
Business Address:				
City:	State: Zip:			
Telephone:		Ext:	Fax:	
Account Contact:		Title:		
Email Address:				
	<u>B</u>	BILLING INFORMATION	<u>l:</u>	
Accounts Payable Co	ntact(s):			
Email Address(es):				
Telephone:		Ext:	Fax: <sub>_</sub>	N/A
Please provide the en	mail address that m	onthly invoice(s) shou	ld go to	, if different from above:
	PA	AYMENT INFORMATIO	N	
· · · · · · · · · · · · · · · · · · ·		nt for your account ren Eyewear Account Speci		. Payment type may be changed at
	Remit Addres	ss: NVI-Safetyeyewear	@natio	nalvision
	Check	Credit Card		ACH

#### **Vision**

We believe everyone deserves to see their best to live their best.

#### **Mission**

We help people by making quality eye care and eyewear more affordable and accessible.

#### **Values**

Passion for **people**Committed to **community Results** done right
Be your best **self**