

## KAISER PERMANENTE EYEWEAR PROTECTION PLAN

The purchase of your Kaiser Permanente Eyewear Protection Plan warrants your complete pair of new eyeglasses for a period of one year from the date of delivery. The following conditions are covered under the Protection Plan:

If your frame or lens breaks under normal use, or if your lenses become scratched under normal use, simply present the lens/frame or parts and:

- Any lens that is scratched will be replaced free of charge with the same lens and prescription.
- Any frame that is broken will be repaired or replaced free of charge with the same frame.

This protection plan does not include replacement due to loss or theft of eyewear. The protection plan may be purchased to cover all new frames and lenses purchased at Kaiser Permanente Eye Care Departments. The eyewear protection plan is in effect for one year from the date that your original eyewear was dispensed to you and is honored at all of our Mid-Atlantic States Region Eye Care Centers.

There is no better protection for your eyewear than proper care and handling, therefore please follow these recommendations:

1. To preserve the proper adjustment of your eyewear, avoid allowing others to try on your glasses.
2. Use both hands to put on and take off eyewear. Avoid touching the lenses. To avoid scratching, never lay glasses against another surface.
3. Proper cleaning is important. Lenses should be washed with soap and water, then dried with a soft cloth or facial tissue. Special lens cleaners are available in our eye care departments.
4. Protect your eyewear by placing them in an eyewear case when they are not being worn. If glasses are loose in your pocket or purse, they are likely to become broken or scratched.
5. If an adjustment is required, come into any of our Kaiser Permanente Eye Care Departments. Adjustments are complimentary and do not require an appointment.

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- Any lens that is scratched will be replaced free of charge with the same lens and prescription.
- Any frame that is broken will be repaired or replaced free of charge with the same frame.

Name \_\_\_\_\_

Expiration Date \_\_\_\_\_

POS# \_\_\_\_\_

ID# \_\_\_\_\_

Location \_\_\_\_\_



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