

**PAINTERS AND ASSOCIATED TRADES - GROUP # S005
SCHEDULE OF VISION BENEFITS**

\$300 Annual maximum

- **Includes: Exam / Frames / Lenses and Contacts**

Submit claims to the following address:

**JAS Inc. 4885 South 900 East, Suite 202, Salt Lake City, Utah 84117
Fund Office Customer Service (801) 266-3256 / Toll free (800) 345-3248
Fax (801) 266-4383**

ALL CLAIMS MUST HAVE THE POLICYHOLDERS GROUP # (S005) ON THE CLAIM FORM OR IT MAY GET REJECTED.

IMPORTANT MESSAGE

This is not a guarantee of Benefits. This is a general summary of the benefits available under this plan and not intended to be used as an authorization for services to be provided. All specific plan exclusions and limitations will be applied at the time the claim is processed. Participant's eligibility and benefits are based upon the information currently available to us. Both are subject to change without notice.