



Shopko Optical[®]

Safety Eyewear Program

ACCOUNT PROFILE

Company Name _____ D/B/A _____

Address _____ P.O. Box _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Billing Address (if different from above)

Address _____ P.O. Box _____

City _____ State _____ Zip _____

Payment Method (X) Electronic Fund Transfer (EFT) Business Check Credit Card

Accounts Payable Representative Name _____

Accounts Payable Email _____ Phone _____ Fax _____

Alternative Representative Name _____

Alternative Email _____ Phone _____ Fax _____

ACCOUNT TERMS & CONDITIONS

The purpose of this Safety Account is to offer the Company's employees an opportunity to obtain safety eyewear from Shopko Optical Centers at a discount. If approved by an authorized Shopko representative, to participate in this Safety Account, Company (on behalf of itself and its employees) agrees to the terms and conditions set forth herein:

1. The discounts offered hereunder do not apply to any products and/or services covered under any third-party plan or insurance benefit.
2. Company agrees to distribute a Safety Eyewear Voucher (supplied by Shopko) to eligible Company employees. The employee is required to present a voucher at the time of purchase to obtain safety account pricing and billing privileges. Employees not presenting a voucher will not receive safety pricing and Shopko will not bill the Company for materials or services rendered. The employee will be expected to pay for services and materials. It is the Company's responsibility to ensure that only eligible employees are supplied with Safety Eyewear Vouchers. Shopko shall have no obligation to confirm the employee's eligibility and Company shall be unconditionally obligated to pay Shopko for all Safety Eyewear Voucher's presented.



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3. Safety discount pricing will be applied and dependent on annualized complete pair purchases. Safety discount pricing will be reevaluated annually by Shopko. Upon Shopko's acceptance of the Company's Safety Account Profile, the following discount rates will apply:

Number of Safety Eyewear Purchases from Previous Year	Pricing
1 - 50	Regular (25% off current retail)
51 and above	Large (50% off current retail)

The safety pricing level should be selected based on the number of anticipated purchases NOT the number of employees

Pricing level to be completed by Shopko Optical _____

4. Once the applicable discounts are calculated, the employee will be responsible for payment in full for non-covered items prior to time of dispensing on all non-covered items. Company shall be responsible for payment for all orders placed, including any employee that separates employment prior to dispensing the ordered eyewear.
5. **Additional Benefits of the Program:**
- Free lifetime frame adjustment and minor repairs.
6. Account statements will be provided to Company on a monthly basis for all orders placed up to the statement date. Payment may be remitted as electronic fund transfer (EFT), business check or credit card. Company agrees to accept Shopko's standard itemized safety billing statement. See attached example.
7. All invoices are due and payable **30 days** from date of statement. Shopko may suspend account discount and billing privileges if timely payment is not received. The monthly billing statement will serve as written notice. Discount and billing privileges will be suspended until the account is paid in full, at which time the account will be reviewed for reinstatement.
8. Participation in such Safety Account and its benefits are offered at the discretion of Shopko. Shopko has the right to deny participation in this Program to any Company employee in the event Shopko believes that the terms and conditions of this Program are being violated or any applicable laws or regulations. Shopko has the right to modify these terms and conditions with notice to Company.
9. Changes to Company benefits will require a new form to be completed. Please call your Optical Center to request changes and an updated form.
10. Changes to the Safety Account Profile Form & Account Terms and Conditions are not acceptable, unless mutually agreed upon in writing by both parties.
11. In the event there are no purchases of a complete pair of safety eyewear under the Company's Safety Account for two (2) years, the Company's Safety Account will be terminated. The Company understands and acknowledges that a new Account Profile form with terms and conditions approved by Shopko Optical will be required to participate.
12. The Account Terms and Conditions may be executed in one or more counterparts, each of which shall be deemed an original and all of which, taken together will constitute one and the same Agreement upon signature of a duly authorized representative. For purposes of this Account Terms and Conditions, a facsimile copy of a party's signature shall be sufficient to bind such part



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Company Reimbursed Options ¹		
Mark option(s) that apply (X)	Options	Max amount to be paid by company ²
	Complete Eyewear ³ covered in full + applicable sales tax. ²	100%
	Eyewear up to \$ + applicable sales tax. ² Benefit amount may be applied to all items selected by the employee. Any amount over the Company reimbursement amount is the responsibility of the employee. ³	\$
	Eyewear Protection Plan (EPP) ⁴	100%
	Examination (comprehensive eye examination excluding contact lens evaluations)	100%
	Employee pays for complete Eyewear purchase however, employee purchases subject to account pricing. (Sales Tax is employee responsibility) ³	N/A
	Sales Tax, purchase is tax exempt (attach tax exempt certificate)	N/A

¹Employee will be responsible for payment on items the Company is not funding. If Company chooses to make an exception to the benefit, the employee will be required to pay Shopko for the item(s) and be reimbursed directly by the Company.

²Employer responsible for Sales Tax, unless otherwise noted.

³In all cases, Safety Eyewear ordered through the Employer Safety Program will not include items in the “Not Allowed by Employer” column.

⁴Employee will be responsible for payment of any applicable co-pays.

In the Safety Eyewear Features section below each Feature Description should indicate if the feature is:

A) “Required by Employer” or B) “Not Allowed by Employer.” If neither indicator is selected, the employee may order at their discretion to be billed per the selected Company Reimbursement Option from the above.

Required by Employer (X)	Not Allowed by Employer (X)	Feature Description
		Plastic Lens
		Polycarbonate Lens
		Trivex Lens
		Tint
		Photochromic Lens (darkening of lenses)
		Anti-Reflective Coating
		Any Frames with Detachable Side Shields
		Any Frames with Permanent Side Shields
		Any Frames with Side Shields (Detachable or Permanent)
		Non-Conductive Frames ONLY (includes permanent side shields)
		Wrap Frames ONLY (includes permanent side shields)



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COMPANY APPROVAL:

Company Name _____

Name (print) _____ Title _____

Company Duly Authorized Representative Signature _____

Date _____

SHOPKO OPTICAL CORPORATE OFFICE APPROVAL:

Name (print) _____ Title _____

Shopko Optical Authorized Representative Signature _____

Date _____

Plan ID _____

Plan Code _____

Date _____

FOR USE BY SHOPKO OPTICAL CENTER ONLY

Maintaining Center _____

Servicing Center(s) List State/Region _____