



Guardian Angel Fund Request Form

Date: _____

Employee Name: _____ Luxottica ID# _____

Employee PH: (H) _____ (C) _____

Current Address: _____

City: _____ State: _____ Zip Code: _____

Contact Person if Employee is unable to respond: _____

Phone # _____ Relation to Employee: _____

Reason for Request (please explain why the employee is requesting to benefit from the fund):

Supervisor/Manager Processing Request: _____

Manager Contact PH # _____ Store PH# _____

Note: Additional information, including personal information and documentation may be required.

Steps for completion of this form:

*Employee, Supervisor or Manager, complete the above information, sign below, email or fax the completed form to benefitsdept@luxotticaretail.com for approval. *If approved, a check will be sent directly to the employee within 90 days.

Approving Supervisor / Manager Signature: _____ PH# _____

Please sign the appropriate consent:

I hereby certify that: (1) I completed the above form; (2) the information is true and accurate to the best of my knowledge; and (3) I consent to have funds collected on my behalf as part of a Guardian Angel Fund established for my benefit.

Employee Signature: _____ Date: _____

I hereby certify that: (1) I completed the above form; (2) the information is true and accurate to the best of my knowledge; and (3) I have spoken to the employee named above (or an immediate family in the event the employee is incapacitated or deceased) and confirmed that they consent to have funds collected on behalf of the employee as part of a Guardian Angel Fund established for the benefit of the employee.

Supervisor/Manager Signature: _____ Date: _____