### SEIU LOCALS 1 & 2 Benefit Trust Fund

### STANDARD DENTAL CLAIM FORM

Policy # ENTER HERE

Agent/ Global Benefits • Telephone: 416-635-6000 • Fax: 416-635-6464 • seiubenefittrust@globalben.com

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I authorize Global Benefits to collect and exchange personal information about me and/or my dependents to process this claim and administer my group plan. I understand any personal information obtained by Global Benefits will be kept confidential and, where necessary, Global Benefits will be exchanging my personal information. I authorize the following persons to exchange with Global Benefits or each other, any of my personal information in their possession: any health care practitioner, medical facility or provider of health care/dental services, any provincial health insurance plan, insurance company or reinsurer, or plan administrator, government agency, auditing or independent investigative organization, and financial institution. I authorize the use of my Social Insurance Number for identification purposes. I certify that the information in this form is true and complete, to the best of my knowledge. A copy of this authorization shall be as valid as the original.

DATE SIGNATURE OF MEMBER TELEPHONE NUMBER (INCLUDE AREA CODE)

# Dental Claim Form

## **SEIU LOCALS 1 & 2 Benefit Trust Fund**

Policy#

Agent/ Global Benefits

Administrator 88 St. Regis Crescent South, Toronto, Ontario, M3J 1J8

Telephone: 416-635-6000 • Fax: 416-635-6464 • seiubenefittrust@globalben.com

#### **CLAIM INSTRUCTIONS**

 To avoid delays in processing your claim, be sure all statements on the reverse are answered in full and have your dentist complete the other side of this form.

- 2. Re predetermination: If your dentist recommends a course of treatment involving fees of \$300.00 OR MORE, his treatment plan, with X-rays, must be forwarded to the Plan's Administrator for predetermination of benefits before treatment begins. The Administrator will then advise both you and your dentist what the Plan will pay and therefore what, if anything, you will have to pay out of your own pocket.
- 3. Send all correspondence, this claim form, etc. to the Administrator:

GLOBAL BENEFITS - CLAIMS DEPARTMENT

88 St. Regis Crescent South, Toronto, Ontario, M3J 1J8

Telephone: 416-635-6000 Fax: 416-635-6464

#### **PLEASE NOTE:**

Your Policy contains a Coordination of Benefits Provision which may allow you to receive reimbursement from both plans up to a maximum amount equal to the amount charged on the claim. The provision also determines which Insurance Carrier will be designated as First Payor, and which will be designated as Second Payor. Generally speaking, any plan which covers an individual either as the insured employee, or in the case of children, as the dependent of the spouse with the earliest birth date (day and month) in the calendar year, is designated as the First Payor. All claims should be first submitted to the company who is the First Payor.