

# SEIU LOCALS 1 & 2 Benefit Trust Fund

# Medical Claim Form

Policy # ENTER HERE

Agent/ Administrator: **Global Benefits** • Telephone: 416-635-6000 • Fax: 416-635-6464 • seiubenefittrust@globalben.com  
88 St. Regis Crescent South, Toronto, ON M3J 1J8

Member ID Number					
Members Name First		Middle	Last	Social Insurance Number	
Address: Number/Street/Apt. Number			City	Province	Postal Code
Date Member Insured dd/mm/yyyy		Date of Birth dd/mm/yyyy		Date Dependent Insured dd/mm/yyyy	<input type="checkbox"/> Initial Claim <input type="checkbox"/> Subsequent
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		Claim for <input type="checkbox"/> Member <input type="checkbox"/> Dependent		If claim is for a Dependent Child, please indicate Spouse's date of birth	

	FIRST NAME	SEX	DATE OF BIRTH			DATE EXPENSE INCURRED DAY/MONTH/YEAR	NAME AND ADDRESS OF SUPPLIER OR PHARMACY	DRUGS: NAME OR D.I.N. OTHER: TYPE OF EXPENSE	AMOUNT CHARGED
			Day	Month	Year				
MEMBER									
SPOUSE									
UNMARRIED									

Have you any other coverage which would pay a benefit for this claim?  Yes  No

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)

Send all correspondence, this claim form, etc. to the Administrator: Global Benefits – Claims Department  
88 St. Regis Crescent South  
Toronto, Ontario, M3J 1Y8  
Telephone: 416-635-6000  
Fax: 416-635-6464  
Email: seiubenefittrust@globalben.com