

SEIU LOCALS 1 & 2 Benefit Trust Fund

Medical Claim Form

Policy # 32T20 – Bee Clean University of Alberta

Agent/ Administrator: **Global Benefits** • Telephone: 416-635-6000 • Fax: 416-635-6464 • seiubenefittrust@globalben.com
88 St. Regis Crescent South, Toronto, ON M3J 1Y8

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 CHILDREN									

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