## **SEIU LOCALS 1 & 2 BENEFIT TRUST FUND**

## **Extended Health Care Claim Form**

Agent/ Global Benefits Administrator 901-191 The West Mall, To Members Name First  Address: Number/Street/Apt. Number					Toronto	On M9C	5K8 • Tele	ephone: 416	6-635-6000 • Toll F	<b>Pol</b> Free 1-800	Policy 172789 – Class: e 1-800-663-4500 Fax: 416-631-3064			
					Middl	le	Last				Certificate Number			
							City				rince Postal Code			
Date of Birth dd/mm/yyyy					Initial Subse	equent	Employer Name							
	FIRST NA	AME	SEX	DAT Day	E OF BI		DATE EX INCUR DAY/MON	RRED	NAME AND ADDI SUPPLIE		DRUGS: NAME OTHER: TYPE OF	-	AMOUNT CHARGED	
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Date					Si	Signature of Member					Telephone Number (include area code)			
SEND ALL CORRESPONDENCE,					GLO	GLOBAL BENEFITS - CLAIMS DEPARTMENT					TELEPHONE: 416-635-6000			

SEND ALL CORRESPONDENCE THIS CLAIM FORM, ETC. TO THE ADMINISTRATOR:

GLOBAL BENEFITS – CLAIMS DEPARTMENT 901-191 THE WEST MALL TORONTO ON M9C5K8 TELEPHONE: 416-635-6000 TOLL FREE: 1-800-663-4500 FAX: 416-631-3064