

HEALTH INSURANCE BENEFIT CLAIM FORM

This form must be used for health claims (drugs, health care professionals, vision care, etc.)

P.O. Box 10500, station Sainte-Foy, Quebec QC G1V 4H6

SECTION 1 - PARTIC	CIPANT INFORMATION				
SSQ Certificate No.					
Last Name		First Name			
Address		•			
Town/City	Province	Postal Code	Telephone	Number	
CECTION O DECL	AD ATION				
SECTION 2 - DECLA			A constant of the desired	and all this are Carl and the law of	
		_ , _			
Are these expenses covered under another insurance contract?					
Are these expenses the re			es, complete section 5		
SECTION 3 - TO BE	COMPLETED IF IT IS THE	E FIRST CLAIM FOR YOU	UR SPOUSE OR YOUR	DEPENDENT CHILDREN	
Last Name	First Name	Date of birth	Gender	Relationship with	
		(YYYY-MM-DD)		participant	
			□ F □ M	Spouse	
				Dependent child *	
			□ F □ M	Spouse	
				Dependent child *	
			□ F □ M	Spouse	
				Dependent child *	
of school attendance for Centre or contact your	or him or her to remain eligible	e for insurance benefits as a	dependent child. Go to ss	you must fill out a declaration q.ca to log in to the Customer	
			-		
Name of policyholder	Name of	other insurer	Contract Number		
Coverage status: Fami	ily	Benefit type : Drug			
_ ·	idual	Dental C			
Singl Cour	le-Parent	Visual C Others	are		
	COMPLETED IF THE EX	PENSES ARE THE RES	ULT OF AN ACCIDENT		
Name of injured individu Accident date (YYYY-MN					
`	vork automobile	other			
SECTION 6 : AUTHO	ORIZATION				
I declare the above information in the latest the second s	mation to be complete and acc to adjudicate my claims and the ed by my spouse and/or depen	hat it may be shared with third	d parties only for the purpos	e of allowing them to process	
Participant signature:		Date :		_	
IMPORTANT					
If your claim is for se states the name of th he or she is a member	of receipts or invoices and ker rvices from a healthcare profe e patient, the date, nature and er of and his or her license nun e receipts or invoices per patie	ssional (chiropractor, physion fees for each treatment and to mber.	therapist, etc.), make sure th	ne receipt or invoice clearly	