



# EXTENDED HEALTH & VISION CLAIM FORM

**PLEASE KEEP COPIES OF YOUR RECEIPTS AS THEY WILL NO LONGER BE RETURNED**

## Important Information:

→ Use this form for extended health claims (except prescriptions). For dental expenses, please use a standard dental claim form.	→ Attach copies of all receipts for each expense being claimed. Receipts <b>will not</b> be returned to you.
→ Please print clearly and be sure all sections are complete to avoid your claim being returned to you.	→ If you have submitted this claim to another insurance company please attach a copy of their reimbursement statement.

## 1. Information about you the member – be sure to fully complete this section:

Name:		Employee #:		Birthdate (yyyy-mm-dd):	
Address (Street number and name):			City:		Province:
Postal Code:	Home Phone #:	Cell Phone #:		Email:	

## 2. Authorization and Signature – member to sign only:

I certify that all goods and services being claimed have been received by me and/or my spouse or dependents, if applicable. I certify that the information in this form is true, correct and complete to the best of my knowledge and does not contain a claim for any expense previously paid for by this or any other plan.

Member's Signature:	Date:
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## 3. Complete this section if you or your spouse are covered under another plan:

Spouse Name:		Birthdate (dd-mm-yyyy):	Type of Coverage: <input type="radio"/> Family <input type="radio"/> Single
Insurance Carrier:	Contract Number:	ID Number:	
Are you claiming expenses that aren't covered under your spouse's plan? If yes, please specify:			

## 4. Claim Information:

Are you attaching receipts for out-of-Canada expenses?	<input type="radio"/> Yes	<input type="radio"/> No
<b>Are any of the expenses you're claiming the result of a work injury?</b>	<input type="radio"/> Yes	<input type="radio"/> No
→ If yes, did you submit your claim to the WorkSafeBC plan?	<input type="radio"/> Yes	<input type="radio"/> No
<b>Are any of the expenses you're claiming the result of a motor vehicle accident?</b>	<input type="radio"/> Yes	<input type="radio"/> No
→ If yes, did you submit your claim to ICBC?	<input type="radio"/> Yes	<input type="radio"/> No

