

INSTRUCTIONS

1. Complete all pages of this form in full.
2. Sign and date the form.
3. Please retain copies for your files as original receipts will not be returned.
4. If you wish benefits to be paid directly to the dentist, sign the assignment portion of Part 1 below. Assignment of benefits is irrevocable. Canada Life may discuss details of this claim with the assignee.
5. Send to the appropriate Benefit Payment Office for your plan. See Part 8.

Benefits to be paid from:

- Dentalcare Plan Only
 Healthcare Spending Account Only
 Both

Part 1 – Dentist information – To be completed by Dentist

PATIENT		Unique No.	Spec.	Patient's office account No.	I hereby assign my benefits payable from this claim to the named dentist and authorize payment directly to the dentist. Signature of subscriber _____
Last name	Given name	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Address		DENTIST			
Apt./Suite No.		<input type="text"/>			
City	Prov.	Postal code	Phone No.		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		

For dentist's use only, for additional information, diagnosis, procedures, or special consideration

I understand that the fees listed in this claim may not be covered by or may exceed my plan benefits. I understand that I am financially responsible to my dentist for the entire treatment.

I acknowledge that the total fee of \$ _____ is accurate and has been charged to me for services rendered.

I authorize release of the information contained in this claim form to my insuring company/plan administrator. I also authorized the communication of information related to the coverage of services described in this form to the named dentist.

Duplicate form

Signature of patient (parent/guardian) _____

Office verification _____

Date of Service			Procedure Code	Intl. tooth Code	Tooth Surfaces	Dentist Fees	Laboratory Charge	Total Charges
Day	Month	Year						

This is an accurate statement of services performed and the total fee due and payable, e. & o.e.

TOTAL FEE SUBMITTED

Part 2 – Claim details – To be completed by Dentist. Please specify claim details.

1. Is this treatment required as the result of an accident? Yes No

If yes, please provide:

Date Location

Explain how accident happened

2. If claim is for a denture, crown, or bridge, is this initial placement?

Yes No

If no, give date of prior placement and reason for replacement:

3. If claim is for a denture or bridge, please provide missing tooth number(s):

Part 3 – Plan member information - You must complete this section fully. If you are unsure of your plan name, plan number or plan member I.D. number, please contact your plan administrator.

Plan name

Plan number Plan member I.D. number

Plan member name

Last name First name

Plan member address

Number and street City or town Province Postal code

Date of birth Day Month Year

Language preference

English French

Part 4 – Coordination of benefits - Complete this section to indicate whether you or any member of your family have benefits coverage from any other plan.

1. Are you, or any member of your family, entitled to benefits under any other plan for the expenses being claimed? Yes No

2. Is a claim being made for Workers' Compensation Benefits? Yes No

If yes, please provide:

Name of insurance company

Plan number Plan member I.D. number

If spouse's plan, please provide spouse's date of birth:

Day Month Year

Part 5 – Patient information - Complete this section if claim is for spouse or dependant.

Patient's name First name/Last name	Patient's relationship to plan member			Patient's date of birth			If child over 18 years			Does patient reside with plan member?		
							Full time student?		If employed, how many hours worked per week?			
	Self	Child	Spouse	Day	Month	Year	Yes	No		Hours per week	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Part 6 – Privacy

Protecting your personal information. At Canada Life, we’re committed to protecting personal information and respecting your privacy. Personal information is information that either on its own or combined with other information allows an individual to be identified. This includes your name and address, as well as more sensitive information such as your health and financial records. When applicable, this includes information about other people such as your spouse, common-law partner, and children.

How we use your personal information. Your personal information is used to provide you with products and services and to improve our business operations. This includes verifying your identity, maintaining your profile, and informing you about features of the products you already have with us. It’s also used to provide you with advice, evaluate your eligibility for products, price our products, collect feedback on our customer service, process claims and other financial transactions, protect you and us from risks such as cyber threats and fraud, and comply with legal obligations. If you provided your social insurance number (SIN), we’ll use it for tax reporting. Your SIN is also used to link your products together and to keep your information separate from other customers with similar names.

Who we share personal information with. We share your personal information with other people and organizations who help us administer your products and provide you with services. This may include your advisor or people who work with your advisor, our Canadian subsidiaries, and other organizations that provide us services such as paramedical examiners, medical laboratories, MIB, LLC., specialty coverage providers, independent medical examiners, and pharmacy benefits managers. As well, we may share your information with claims assessors, travel assistance providers, technology suppliers, other insurance or reinsurance companies, other financial institutions, and credit reporting agencies. As part of our day-to-day business, your personal information may be communicated to government departments and agencies and may be communicated outside your province of residence or outside Canada. We take protecting your personal information seriously and we’ll never sell your personal information to anyone.

You’re in control of your personal information. We respect your privacy preferences and follow them when using your personal information. At any point in your relationship with us, you can choose how your personal information is used by updating your privacy preferences through your [online account](#) or by submitting a request through our [privacy centre](#) at [canadalife.com/privacy](#). This includes choosing whether you receive customer experience surveys, the use of your SIN for non-tax reporting purposes, and whether and how you want to receive information and offers from Canada Life using the personal information we collect from you throughout your relationship with us. You can also exercise other privacy rights through our privacy centre such as access to or correction of your personal information.

If you choose to remove your consent to the collection, use and disclosure of the personal information required to serve you and meet our legal obligations, we may not be able to continue to provide you with products and services.

Want to learn more? Please visit [canadalife.com/privacy](#).

Part 7 – Privacy consent, authorization and signature

I understand that my personal information will be collected, used and shared as set out above.

I certify that the information given on this claim form is true, correct and complete to the best of my knowledge. I certify that all goods and services being claimed have been received by me, my spouse and/or my dependants; and that my spouse and/or dependants are eligible under the terms of my plan.

The submission of fraudulent claims is a criminal offense. Canada Life takes the submission of fraudulent claims seriously. Suspected fraudulent claims may be reported to your employer or plan sponsor and to the appropriate law enforcement agency.

I agree that by submitting this form or authorizing it to be submitted, I am consenting to the terms set out in this section, even if I have not signed the form.

Plan member signature X _____	Date	<input type="text" value="Day"/>	<input type="text" value="Month"/>	<input type="text" value="Year"/>
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Part 8 – Submitting your claim

Please send your claim to the Benefit Payment Office below. If blank, please consult your plan administrator for the address.

Questions? Call Toll Free: 1.800.957.9777

Winnipeg Benefit Payments
PO Box 3050 Station Main
Winnipeg MB R3C 0E6

[www.canadalife.com](#)



Deaf or hard of hearing and require access to a telecommunications relay service?

Please contact us:
TTY to Voice: 711
Voice to TTY: 1-800-855-0511