

CCWUcare CLAIM FOR DENTAL EXPENSE BENEFITS





PART 1 DENTIST											ľ	UNIQUE NO.				S	SPEC).		PATIEN	IT'S OFFICE ACCOUNT NO.	I HEREBY ASSIGN MY BENEFITS PAYABLE FROM THIS CLAIM TO THE			
												NAMED DENTIST AND AUTH									NAMED DENTIST AND AUTHORIZE PAYMENT DIRECTLY TO THE DENTIST.				
1 -	A T ADDRESS APT.										_{PT} I	N													
E PROV. POSTAL CODE										T															
N CITY PROV. POSTAL CODE											T PHONE NO. SIGNATURE OF SUBSCRIBER														
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															
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														- 1	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 AUTHORIZE THE COMMUNICATION OF INFORMATION RELATED TO THE										
												COVERAGE OF SERVICES DESCRIBED IN THIS FORM TO THE NAMED DENTIST.													
											SIGNATURE OF PATIENT (PARENT/GUARDIAN) OFFICE VERIFICATION														
	DUPLICATE FORM L DATE OF SERVICE PROCEDURE INTL.TOOTH DENTIST'S											_	LADODATORY												
	/ MO.			CODE				CODE		SURFACES	FEE				CHARGE			TOTAL CHAR			IAF	RGES			
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_						_	4					+				4		4		_	_	_		OF BENEFITS.	MINATIONS, SCALING AND
L			-			_	+				_	+			4	_	+	+		_	+	+		CLEANING, AND EMI	ERGENCY TREATMENT
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						\dashv	+				\dashv	$^{+}$		\neg	\dashv	\dashv	+	+	\dashv	+	+	+	+	FOR CROWNS OR B	JESTED TO BE SUBMITTED RIDGEWORK. X-RAYS WILL BE
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							1					T						T						AND X-RAYS TO:	RMS, PREDETERMINATIONS
																								CCWUcare	
												\perp						\perp						200 Labourers Wa Suite 2100	ny
																								Vaughan, ON L4H	1 5H9
THIS	THIS IS AN ACCURATE STATEMENT OF SERVICES PERFORMED AND THE TOTAL FEE DUE AND PAYABLE, E. & O.E. TOTAL FEE									EE S	SUBMITTED: \$									TELEPHONE: 416.24	0.0047				
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										EMBER														DATE (OF BIRTH
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2. A	RE A	NY D	ENT	AL	BEI	NEF	ITS	OR	SER'	VICES PRO	OVID	ED	UNDE	RAN	۱Y	OTH	HER	GR	OUF	P IN	SUF	RAI	NCE, (GOV'T. AGENCY OR DE	NTAL PLAN? ☐ NO ☐ YES
F	POLIC	Y NL	JME	BER	_					NAME OF	INSU	JRI	NG AG	ENC	Y.										
3. 1	S ANY	TRE	ATN	ΛEΝ	IT F	REQ	UIR	ED A	AS TH	HE RESUL	T OF	AN	ACCI	DEN	T?		NO		YES	3					
GIVE DATE AND DETAILS																									
4. 13	4. IS ANY TREATMENT FOR ORTHODONTIC PURPOSES? \square NO \square YES																								
5. IF DENTURE, CROWN OR BRIDGE, IS THIS INITIAL PLACEMENT? \square NO \square YES																									
GIVE DATE OF PRIOR PLACEMENT AND REASON FOR REPLACEMENT																									
-																									
6. 18	S YOU	JR DE	EPE	NDA	٩N٦	EN	/IPL	OYE	D? [YES														
ı	IF SO, GIVE NAME OF EMPLOYER																								

YOUR CLAIM CANNOT BE PROCESSED UNLESS ALL QUESTIONS ARE ANSWERED IN FULL ALL INFORMATION RECORDED ON THIS FORM IS CONFIDENTIAL

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7. IS TREATMENT RESULT OF AN OCCUPATIONAL ILLNESS OR INJURY, OR OTHERWISE RELATED TO EMPLOYMENT?

_____ PLAN NUMBER: ___

POSSESSION OF THIS CLAIM FORM DOES NOT CONSTITUTE ELIGIBILITY FOR BENEFITS

ADDRESS: __

TELEPHONE NUMBER: ___

8. PLAN MEMBER'S NAME (PLEASE PRINT): _____

_ DATE OF BIRTH: ____

__ IDENTIFICATION NUMBER: ___



Part 3 - 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 4 - 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.

this form or authorizing it to be submitted, I am consenting to the terms set out in this section, e	
Plan member signature:	Date: