

**MAIL ALL CLAIMS TO:** CCWUcare  
 200 Labourers Way  
 Suite 2100  
 Vaughan, ON L4H 5H9

**CLAIM ENQUIRIES:** 416.240.0047

**To be completed by member**

**PLEASE ATTACH  
THE PAID RECEIPT**

Employer		Employer location (city and prov.)		
Member's Name		Policy No. <b>177869</b>	Identification No.	Date of Birth Mo. Day Yr.
Member's Address No. and Street		City	Prov.	Postal Code
If Dependant Claim, Name of Dependant		Relationship		Date of Birth Mo. Day Yr.
DO YOU HAVE ANY OTHER VISION CARE COVERAGE?			<input type="checkbox"/> YES	<input type="checkbox"/> NO
			<input type="checkbox"/> IF YES, PLEASE COMPLETE: EMPLOYER'S NAME _____	
INSURER'S NAME _____ GROUP NO. _____ POLICY NO. _____			IF YES, AND CLAIM IS FOR A DEPENDENT CHILD, PLEASE INDICATE SPOUSE'S DATE OF BIRTH _____	
<input type="checkbox"/> Initial Claim <input type="checkbox"/> Subsequent Claim		Date _____ Signature of Member		

**TO BE COMPLETED BY SUPPLIER**

Prescribed by  Ophthalmologist

Optometrist

**Is this a change in prescription?**

Yes  No

Prescription Details

	Sphere	Cylinder	Axis	Prism	Base	P.D.	Seg Height	Frame and Colour
R						FAR		Eye Size
L						NEAR		DBL
A		Tint (Specify Colour & No.)		Type of Bifocal	Type of Trifocal	Manufacturer of Supplier		
D	R							
D	L	1 2						

Plastic  Heat Hardened  Chemically Hardened

For additional information re complications ect.

**Breakdown of extra charges:**

(e.g. oversize, photogrey, case, ect.)  
Miscellaneous:

Transfer items to misc.

below

Amount:

1. \_\_\_\_\_ \$ \_\_\_\_\_  
 2. \_\_\_\_\_ \$ \_\_\_\_\_  
 3. \_\_\_\_\_ \$ \_\_\_\_\_  
 4. \_\_\_\_\_ \$ \_\_\_\_\_  
 Total \_\_\_\_\_

Supplier Day Month Year  
 \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

Date of service

Name \_\_\_\_\_

Address \_\_\_\_\_

City/Town \_\_\_\_\_ Prov. \_\_\_\_\_ Telephone No. \_\_\_\_\_

Postal Code 



Optometrist  Optician

Charges

Frames

Lenses

Fee

Misc. 1.

Misc. 2.

Misc. 3.

Total

**YOUR CLAIM CANNOT BE PROCESSED UNLESS ALL QUESTIONS ARE ANSWERED IN FULL**

## 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](http://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](http://canadalife.com/privacy).

## 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: \_\_\_\_\_ Date: \_\_\_\_\_