

SASKATCHEWAN PIPING INDUSTRY HEALTH & WELFARE TRUST FUND

Extended Health Care Claim Form

Agent/
Administrator

Global Benefits
901-191 The West Mall, Toronto On M9C 5K8 • Telephone: 416-635-6000 • Toll Free 1-800-663-4500 Fax: 416-631-3064

Policy No. 68 – Class: _____

Members Name First		Middle	Last		Certificate Number	
Address: Number/Street/Apt. Number			City		Province	Postal Code
Date of Birth <i>dd/mm/yyyy</i>		<input type="checkbox"/> Initial <input type="checkbox"/> Subsequent		Employer Name		

	FIRST NAME	SEX	DATE OF BIRTH			DATE EXPENSE INCURRED DAY/MONTH/YEAR	NAME AND ADDRESS OF SUPPLIER	DRUGS: NAME OR D.I.N. OTHER: TYPE OF EXPENSE	AMOUNT CHARGED
			Day	Month	Year				
MEMBER									
SPOUSE									
UNMARRIED									

Have you any other coverage which would pay a benefit for this claim? Yes No

I authorize Global Benefits to collect and exchange personal information about me and/or my dependents to process this claim and administer my group plan. I understand any personal information obtained by Global Benefits will be kept confidential and, where necessary, Global Benefits will be exchanging my personal information. I authorize the following persons to exchange with Global Benefits or each other, any of my personal information in their possession: any health care practitioner, medical facility or provider of health care/dental services, any provincial health insurance plan, insurance company or reinsurer, or plan administrator, government agency, auditing or independent investigative organization, and financial institution. I authorize the use of my Social Insurance Number for identification purposes. I certify that the information in this form is true and complete, to the best of my knowledge. A copy of this authorization shall be as valid as the original.

Date Signature of Member Telephone Number (include area code)

SEND ALL CORRESPONDENCE,
THIS CLAIM FORM, ETC.
TO THE ADMINISTRATOR:

GLOBAL BENEFITS – CLAIMS DEPARTMENT
901-191 THE WEST MALL
TORONTO ON M9C5K8

TELEPHONE: 416-635-6000
TOLL FREE: 1-800-663-4500
FAX: 416-631-3064