## **LIUNA LOCAL 1059 BENEFIT TRUST FUND**

## **Medical Claim Form**

Agent/ Administrator

**Global Benefits** 

88 St. Regis Crescent South, Toronto, Ontario M3J 1Y8 • Telephone: 416-635-6000 • Fax: 416-635-6464

Members Name First			Middle	Last		Social Ins	Social Insurance Number				
Address: Numb	per/Street/Apt. Nu	ımber		City			Province		Postal Co	nde	
	•						110111100		l ostal oc	300	
Date of Birth fo	r Insured dd/mm	/yyyy	Sex		1	Claim for	1				
			Male	Female		Member	Dependent				
Uava vav an		ná on coábon o		tala							
				ich would pay	a benefit for	this claim?	☐ Yes		lo		
If yes, name o											
lf yes, please	indicate spou	use's date of l	oirth dd/mm/	уууу							
authorina C	lahal Danasit	. 40									
administer my	y group plan	. I understan	d any perso	personal information	on obtained l	by Global B	enefits will be	e kept	confide	ntial and	l. where
necessary, G	iobal Benefits	s will be exc	hanging my	personal info	rmation. I au	uthorize the	following per	sons t	o excha	inge with	Global
nealth care/do	ental services	s, any provinc	cial health ir	tion in their p Isurance plan	, insurance of	company or	reinsurer, or a	olan ad	dministra	ator, gove	ernment
agency, auditi	ng or indeper	ndent investig	ative organi	zation, and fir	nancial institu	tion. I autho	rize the use o	f mv S	Social Ins	surance	Number
or identification :	on purposes. shall be <b>as</b> va	i certify that alid as the ori	tne informat ginal.	ion in this for	m is true and	complete, i	to the best of	my kı	nowledge	e. A copy	y of this
		•									
Date		Signature of Member				Telephone Number (include area code)					
SEND ALL CORF	RESPONDENCE	,	GLOBAL E	BENEFITS - CL	AIMS DEPARTM	IENT	TELEPHONE: 4	 16-63	5-6000		
HIS CLAIM FOR	•			GIS CRESCENT			(CLAIMS ENQUE	,			
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