LiUNA 1059

Labourers' International Union of North America Local 1059
Benefit Trust

ADMINISTERED BY GLOBAL BENEFITS

88 St. Regis Crescent South
Toronto, ON M3J 1Y8
Tel. (416) 635-6000
www.globalben.com

Medical Cannabis Claim Form

Plan Member Information – complete the following sections (Please print)	
Plan Member's Name	Patient Name
Plan Name **LiUNA Local 1059 Benefit Trust**	Plan Member ID Number
Patient Date of Birth (DD/MM/YYYY)	Preferred Contact Phone Number
Address (Number, Street, City, Province, Postal Code)	
May we contact you by email? (Note that some correspondence may still need to be sent by regular mail) Yes No	
If Yes, provide the email address	
Do you have coverage of medical cannabis with another carrier? Yes No If yes, indicate information below: (DD/MM/YYYY)_____ Coverage provide by:_____	

Treating Physician Information Section – to be completed every 6 months	
Name of Treating Physician	Specialty
Address (Number, Street, City, Province, Postal Code)	
Telephone Number (including area code)	Fax Number (including area code)

1. Product Name: **Medical Cannabis**
2. Is your patient authorized to possess cannabis for medical purposes under current legislation? Yes No
3. Prescribed dosage form and regimen:_____
4. Diagnosis/Indication for use (include date of initial diagnosis) (MM/YYYY):_____

   Neuropathic/ Chronic Pain Spasticity Palliative Care

   Spinal Cord Injury Anorexia Nausea/vomiting from chemotherapy treatment
5. What is the anticipated duration of treatment with medical cannabis? _____
   (not to exceed more than 6 months)

I certify that the information provided is true, correct and complete.

Treating Physician Signature	License Number	Date (DD/MM/YYYY)

Shipping Confirmation – must be submitted and include the following details	
• Shipping date/receipt/invoice date • Itemized list of what was ordered/shipped including costs	• Name for whom the order is for • Provider/Producer Name

It is important to provide the requested information to help avoid delay in assessing claims for Medical Cannabis. The completed form and shipping confirmation can be returned to LiUNA Local 1059 Global Benefits by mail, fax or email.

Note: As email is not a secure medium, any person with concerns about their prior authorization form/medical information being intercepted by an unauthorized party is encouraged to submit their form by other means.

Email: benefits@globalben.com