

LIUNA LOCAL 1059 BENEFIT TRUST FUND

Medical Claim Form

Agent/ **Global Benefits**
 Administrator 901 – 191 The West Mall, Toronto, Ontario M9C 5K8 • Telephone: 1-800-663-4500 • Fax: 416-631-3064 • Email: benefits@globalben.com

Members Name First		Middle	Last		Social Insurance Number	
Address: Number/Street/Apt. Number			City		Province	Postal Code
Date of Birth for Insured dd/mm/yyyy		Sex	Claim for			
		<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Member	<input type="checkbox"/> Dependent	

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

If yes, name of Employer and Insurance Co. _____

If yes, please indicate spouse's date of birth dd/mm/yyyy _____

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, Ontario M9C 5K8 TELEPHONE: 1-800-663-4500 (CLAIMS ENQUIRIES) FAX: 416-631-3064 Email: benefits@globalben.com

