



# LiUNA Local 1059 Benefit Trust

W.A. Health Inc. 149 Main St E, Hamilton ON L8N 1G4 Phone: (289) 768-3621

For all inquiries, please email [customerservice@wahealth.ca](mailto:customerservice@wahealth.ca)

## Medical Claim Form

Members First Name	Middle	Last	Certificate No.
Address: Number/Street/Apt. Number		City	Province
Postal Code	Member's Date of Birth dd/mm/yyyy		Sex
<input type="checkbox"/> Female <input type="checkbox"/> Male		Claim for	
		<input type="checkbox"/> Member	<input type="checkbox"/> Dependent

Have you or your dependent on 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 W.A. Health 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 W.A. Health will be kept confidential and, where necessary, W.A. Health will be exchanging my personal information. I authorize the following persons to exchange with W.A. Health 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 valid as the original.

\_\_\_\_\_  
Date    Day    Month    Year

\_\_\_\_\_  
Signature of Member

\_\_\_\_\_  
Telephone Number (include area code)

SEND ALL CORRESPONDENCE,  
THIS CLAIM FORM, ETC.  
TO CLAIMSECURE INC.

**CLAIMSECURE INC.**  
P.O. BOX 6500, STATION A  
SUDBURY, ONTARIO, P3A 5N5  
TELEPHONE: (888)513-4464  
EMAIL: [claimsubmission@claimsecure.com](mailto:claimsubmission@claimsecure.com)