



HEALTH CLAIM FORM

Plan Member's Full Name:	Group or Employer	Personal Identification No.	
		Group#	I.D.#
		Date of Birth Day / Month / Year	

Plan Member's Address	Street _____ Apt. _____	Language Preference English French
	City _____	
	Province _____ Postal Code _____	Telephone No. _____
	Email: _____	

COMPLETE THIS SECTION IF CLAIMING FOR YOUR DEPENDENT

Dependent's name (Last, First)	Date of Birth			Relationship to Plan Member		
	Day	Month	Year	Spouse	Daughter	Son
				Spouse	Daughter	Son
				Other (describe): _____		
				Spouse	Daughter	Son
				Other (describe): _____		
				Spouse	Daughter	Son
				Other (describe): _____		

EXPENSES (OTHER THAN DRUGS) – (Attach original receipts and list below)

Nature of expense	Date incurred (dd/mm/yyyy)	Recommended by: Physician's name	Amount

1. Are any health benefits or services provided under any other plan group insurance or health plan, Worker's Compensation or government plan? Yes No	2 b. Name of other insuring agency or _____	Total Claim \$																
2 a. If yes, indicate member under other plan: Self Spouse	Policy No. _____ Certificate No. _____																	
Name _____	Date of Birth <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr> <td style="text-align: center;">Day</td> <td style="text-align: center;">Month</td> <td style="text-align: center;">Year</td> <td colspan="5"></td> </tr> </table>									Day	Month	Year						N.B. For coordination of benefits, children must claim under the plan of the parent with the earlier month and day of birth in the calendar year.
Day	Month	Year																
3. Do you want any unpaid balance from this claim reimbursed from your health service spending account (if eligible)? Yes No																		

*** Note: Do NOT staple or tape receipts to the claim form ***

I certify that I have read and understood the Grandeur Privacy Policy posted on Grandeur Group Benefits Inc.'s ("Grandeur") website at <http://grandeurbenefits.com/> (the "Policy") and I consent to the collection, use and disclosure of my personal information for the purposes of group benefits plan administration, including, adjudicating, assessing and processing my claim, audit, investigation, underwriting or determining plan eligibility, and for communicating with me about my claim ("Purposes"). I certify that the above information is true and complete and that the claimed costs and/or charges were paid for goods and services received by me, my spouse or my eligible dependents. I certify that I am authorized by my dependents to disclose and receive information about my dependents for the Purposes. I acknowledge that unless assigned to the service provider, any reimbursement of the claimed charges and explanation of such amounts paid will be provided to the benefit plan member identified in this claim form. I authorize Grandeur, healthcare professionals, insurers, administrators of government or other benefit plans, and other service providers working with Grandeur to release and exchange necessary personal information regarding this claim for the Purposes. I authorize Grandeur, and persons acting for it, to disclose any relevant personal information contained in this claim, to the benefit plan sponsor/employer for the Purposes. I acknowledge and agree that under certain circumstances Grandeur, or persons acting on its behalf, may be required by applicable law to disclose personal information contained in this claim to others without my knowledge or consent, or the consent of the individual to whom the personal information in this claim relates. In all other circumstances, Grandeur will only disclose my personal information, or the personal information of my dependents, in accordance with the Privacy Policy posted on Grandeur's website at <http://grandeurbenefits.com/>. We may revise the Privacy Policy from time to time, and will post the most current version on our website at <http://grandeurbenefits.com/>. Please check back from time to time to ensure that you are aware of any changes and are using the most recent version of the Privacy Policy. We will indicate at the top of the page the date the Privacy Policy was last revised. Your continued use of the attached claims form and the related website after any such changes constitutes your acceptance of the Privacy Policy as revised.

Date: _____ Plan Member's Signature: _____

All information recorded on this form is confidential
Send all claims and inquiries to: