Grandeur Group Benefits

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.** _____

City _____

Province _____ **Postal Code** _____ **Telephone No.** _____

Email: _____

Language Preference
English ☐
French ☐

COMPLETE THIS SECTION IF CLAIMING FOR YOUR DEPENDENT

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

Total Claim $

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 _____

2 a. If yes, indicate member under other plan: **Policy No.** _____ **Certificate No.** _____
Self ☐ **Spouse** ☐

Name _____ **Date of Birth** ☐☐☐☐☐☐ **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.

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. 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:

GRANDEUR GROUP BENEFITS
41175 - 4141 Dixie Road Mississauga, ON L4W 5C9 ■ 1-833-602-4424
service@grandeurbenefits.com