

NOTES:

- Attach **original** account/receipts to back of form. Photocopies, carbon copies, credit card receipts or cash receipts are not acceptable, except for co-ordination of benefits (COB) with a spouse's plan.
- For drug claims: Prescription number and name of drug or Drug Identification Number (DIN) must be shown on all receipts.
- Receipts will be destroyed on payment of your claim, unless they are not eligible for payment or you have requested them to be returned. Claims submitted by March 31 for the following year.
- Incorrect or incomplete information will delay payment.
- Under the co-ordination of benefits provision (COB), if your spouse has coverage under another insurance plan, his/her charges must first be submitted to that plan. Charges for dependent children must first be submitted to the plan of the parent whose birthday comes earlier in the calendar year.

POLICY #56579	EMPLOYEE'S STATEMENT (REFER TO YOUR GROUP CERTIFICATE)
Name: _____ Certificate #: _____ Employer: _____	
Address for Reimbursement: _____ _____	
PLEASE INDICATE TOTAL CHARGES FOR SELF AND EACH DEPENDENT	

Name of Patient	Relationship to Employee	Date of Birth			Total Drug Charges		Total Other Charges	
		Day	Month	Year				
Total(s)								

1. If claim is for child 21 or over indicate: Handicapped Student School or University: _____
2. Are any of the expenses covered under any other plan? (eg. Spouse's Employer, Workers' Compensation) Yes No
 If "Yes" (a) Other Insuring Agency _____ Policy #: _____ Certificate #: _____
 (b) If claim is for dependent child: Indicate spouse's name _____ Spouse's Birth Date: _____

I authorize the release of any information requested in respect to this claim to the insurer or its agents and certify that the information given is true, correct, and complete to the best of my knowledge.

Signature of Employee: _____ Date: _____

3. Send claim to:
 The Great-West Life Assurance
 Western Headquarters, Group Health Benefits
 P.O. Box 4408
 Regina, SK, S4P 3W7
 1-800-957-9777
- If your changes are for **out of country**, mail claim to:
 Assistance Centre – Claims Department
 P.O. Box 97
 Station A
 Mississauga, ON, L5A 2Y9