SEND ALL CLAIMS TO:
Union Benefit Plans Services
151 Frobisher Drive, Suite E220
WATERLOO, ON N2V 2C9
Telephone: 519-725-8818
Toll free: 1-800-265-2568

1. **Name of Union:** SMWIA Local 537 Plan Contract # 15729
2. Insured Member ____________ (First name) ____________ (Surname)
3. Address ____________ (Street)
   ____________ (City) ____________ (Province) ☐☐☐☐☐☐ (Postal Code)
4. SIN ☐☐☐☐☐☐☐☐☐

5. Are any of these expenses covered under another insurance company? ☐ No ☐ Yes
   If "YES" please provide name of Company and benefits covered ____________
   ☐ Medical ☐ Dental Care ☐ Vision Care ☐ Other____
6. Are expenses the result of an accident? ☐ No ☐ Yes
   Name of injured individual: ____________
   Accident date (YYYY-MM-DD): ____________
   Accident type: ☐ Work ☐ Automobile ☐ Other________

Below, list all expenses for both yourself and your dependants. Attach all invoices to back of form.

Receipt date/ Service date DD/MM/YYYY	CLAIMANT INFORMATION				Description of item/service If drug claim provide Drug Identification Number (DIN) For all other claims provide service	Charge
	Claimant's first name	Relationship to insured member	Date of birth DD/MM/YYYY	Working full time		
					TOTAL	

AUTHORIZATION

I declare the above information to be complete and accurate. I understand that the information I have provided will be used by SSQ, Life Insurance Company Inc. and that it may be shared with third parties only for the purpose of allowing them to adjudicate and process this claim. I am authorized by my spouse and/or dependent children affected by this claim to disclose and receive information about them. I authorize the use of my Social Insurance Number ("SIN") for the purposes of identification and administration, if my SIN is used as my plan member certificate number,

Member Signature: ________________________ Date: ________/________/________
DD MM YYYY

IMPORTANT

- Send original copies of receipts or invoices and keep copies for your personal records. Originals will not be returned.
- If your claim is for services from a healthcare professional (chiropractor, physiotherapist, etc.), make sure the receipt or invoice clearly states the name of the patient, the date, nature and fees for each treatment and the name of the healthcare professional, the association he or she is a member of and his or her license number.
- Make sure to organize receipts or invoices per patient.