



TEAMSTERS' NATIONAL BENEFIT PLAN

EXTENDED HEALTH BENEFIT CLAIM FORM

Complete **BOTH SIDES** of this form and attach all **original** receipts. (photo copies are not acceptable)

Mail the completed form and receipts to:

Teamsters' National Benefit Plan
1610 Kebet Way
Port Coquitlam, B.C.
V3C 5W9

For information telephone 604-552-2650 or toll free 1-888-478-8111

All items being claimed must be supported by receipts indicating that payment has been made.

- (A) Prescription Drugs – Official Pharmacare Receipt showing prescription number, name of patient and date purchased.
- (B) Itemized Statement (for a Physiotherapist, Chiropractor, etc.) showing dates of treatment, type of treatment and name of patient.
- (C) Hospitalization Claim Form, for hospital room charges.
- (D) Ambulance Account, showing name of patient and date of service.
- (E) Optical Expenses – receipt showing name of patient, date and type of service.

All receipts for **OPTICAL EXPENSES** must now be accompanied by the Optician's prescription and proof of purchase. The proof of purchase should confirm the method of payment such as a credit card receipt or debit slip.

EMPLOYEE'S STATEMENT

Name: _____ I.D. Number: _____

Address: _____ Telephone No.: _____

_____ Postal Code: _____

Employer: _____

Please give details of any other plan from which you may receive payment for these expenses.

Name of plan: _____ Policy No.: _____

Insurance Co.: _____ Certificate No.: _____

I certify that the information I have provided on this form is correct and true and that items claimed are for expenses incurred on behalf of myself or my eligible dependents.

Date: _____ Employee's Signature: _____



EXPENSES LISTED BELOW ARE FOR:

DEPENDENTS NAME	DATE OF BIRTH	DEPENDENTS NAME	DATE OF BIRTH

ENTER INFORMATION BELOW FOR ALL EXPENSES BEING CLAIMED

TYPE OF EXPENSE OR NAME OF MEDICATION (For example, hospital, ambulance, or name of clinic)	NATURE OF ILLNESS	PATIENT'S NAME	DOCTOR'S NAME	DATE OF SERVICE	AMOUNT

TO HELP YOUR PLAN OPERATE SMOOTHLY AND AVOID YEAR END DELAYS, SUBMIT A CLAIM APPROXIMATELY EVERY 90 DAYS.