Manulife Financial

For your future℠

MARBLE TILE AND TERRAZZO UNION LOCAL 31 BENEFIT TRUST FUND CONTRACT NUMBER 4260

SEND ALL CLAIMS TO: **GLOBAL BENEFITS**
88 St. Regis Crescent South
Toronto, ON M3J 1Y8
(416) 635-6000

PLAN MEMBER MUST COMPLETE SHADED AREAS PLUS APPROPRIATE CLAIM SECTION

Plan Member's Name _____ (First / Middle Initial / Last) Identification Number _____

Plan Member's Address _____ (No. and Street / City / Province / Postal Code)

Date of Birth ____ / ____ / ____ (Day / Month / Year) Union Name _____ Date of Claim ____ / ____ / ____ (Day / Month / Year)

CLAIM FOR REIMBURSEMENT OF COVERED EXPENSES UNDER SUPPLEMENTARY HEALTH INSURANCE (Attach all Receipts)

Claim for ☐ Plan Member ☐ Dependant

If claim is for a Dependant: Name _____ Relationship _____

Date of Birth ____ / ____ / ____ (Day / Month / Year) Date(s) Expense(s) Incurred _____

Nature of Expenses

Have you any other coverage which would pay benefit for this claim ☐ Yes ☐ No

If 'yes' please indicate policy number and name of insuring agency _____

If 'yes' and claim is for a dependent child please indicate spouse's date of birth _____

If claim for vision care, the next section to be completed by supplier of materials.

TO BE COMPLETED BY SUPPLIER

Prescribed by ☐ Ophthalmologist ☐ Optometrist Is this a change in prescription? ☐ Yes ☐ No

Prescription Details

		Sphere	Cylinder	Axis	Prism	Base	Seg Height
R							
L							

			Tint (Specify Colour & No.)	Type of Bifocal	Type of Trifocal
A	R				
D					
D	L		1 2		

Frame and Colour

Eye Size

Manufacturer or Supplier

☐ Plastic ☐ Heat Hardened ☐ Chemically Hardened

For additional information re complications etc.

Breakdown of extra charges: (e.g. oversize, photogrey, case, etc.)
Miscellaneous

1. _____ $ _____
2. _____ $ _____
3. _____ $ _____
4. _____ $ _____

Transfer items to misc. below:
Amount

Total _____

Supplier

Date of service Day ☐☐ Month ☐☐ Year ☐☐☐☐

Name

Address

City/Town Province Telephone No.

Postal Code ☐☐☐ ☐☐☐

☐ Optometrist ☐ Optician

Signature _____

Charges

Frame

Lenses

Fee

Misc. 1.

Misc. 2.

Misc. 3.

Total

I certify that I, my spouse and/or my dependants of minor or major age ("Dependants"), have received all goods or services claimed and that the information provided for this claim is true and complete. **I authorize** Manulife Financial ("Manulife") and/or its authorized representative to collect, use, maintain and disclose personal information relevant to this claim ("Information") for the purposes of Group Benefits plan administration, audit and the assessment, investigation and management of this claim ("Purposes"). **I am authorized** by my Dependants to disclose and receive their information for the Purposes. **I authorize** any person or organization with information, including any medical and health professionals, facilities or providers, professional regulatory bodies, any employer, group plan administrator, insurer, investigative agency and any administrators of other benefits programs to collect, use, maintain and exchange this information with each other and with Manulife and/or its authorized representative, its reinsurers and/or its service providers, for the Purposes. **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. **I agree** a photocopy or electronic version of this authorization is valid. **I understand** that Manulife's Privacy Policy and Privacy Information Package are available at www.manulife.ca/groupbenefits, or from my plan administrator.

Plan Member's Signature: _____ **Date:** _____

Any information provided to or collected by Manulife and/or its authorized representative in accordance with this authorization, will be kept in a Group Benefits health file. Access to your information will be limited to:

- Manulife employees, authorized representatives, reinsurers and service providers in the performance of their jobs;
- Persons to whom you have granted access; and
- Persons authorized by law.

You have the right to request access to the personal information in your file, and, where appropriate, to have any inaccurate information corrected.