

**CLAIM SUBMISSION FORM
Mandatory Declaration**

Do you have any other group insurance coverage that may include the claim as a benefit?

Yes No

If yes, please indicate name of other insuring agency

If other coverage is Green Shield, indicate Green Shield Identification No.: _____

Submit Copies of Other Carrier's Statement along with copies of corresponding receipts.

Are any of the enclosed claims due to:

1. The result of an accident Yes No

1b. If yes where did the accident occur

Motor Vehicle Accident Yes No

Home Yes No

Work Yes No

Other Yes No

Date of the Accident: _____

**PLEASE INCLUDE ORIGINAL
PAID RECEIPTS**

Student signature _____

PLEASE MAIL ALL HEALTH CLAIMS TO:

GREEN SHIELD CANADA
P.O. Box 1699, Windsor, ON N9A 7G6

PART-TIME AND FULL-TIME STUDENTS -
DENTAL PLAN
FULL-TIME STUDENTS ONLY - HEALTH
PLAN

Patient Surname: _____

University of Toronto Graduate Students' Union

Student Number
e.g. (UTG123456789-00)

Patient's First Name
(Only include names of patients
with receipts attached.)

Birth Date
Year Month Day

UTG- _____

Street Address _____

City _____ Province _____ Country _____

Postal Code

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 Telephone

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By signing this claim form and/or submitting actual receipts, I agree that the information provided is complete and accurate, to the best of my knowledge. I authorize Green Shield Canada to exchange information with other parties as required and only when the information is needed to administer this benefit claim and/or to confirm the accuracy of this information.



cut along dotted line

GREEN SHIELD CANADA CLAIMS SUBMISSION INSTRUCTIONS

Please call our Customer Service Centre at 1-888-711-1119 if you require any assistance in completing this form.
Please ensure that you always provide your Student Identification Number in full, including suffix (ie. 00, 01, etc.)

FOR BENEFIT TYPE:	ALWAYS ENCLOSE THE FOLLOWING ITEMS WITH THE ABOVE CLAIM FORM:
Prescription Drugs	All itemized Prescription drug receipts from your pharmacist *Please note cash register receipts or credit card receipts alone are unacceptable
Paramedical Services (Physiotherapy, Chiropractor, etc.)	Itemized receipts showing <ul style="list-style-type: none"> ● patient name ● individual date & nature of treatment ● charge for each service *First claim for Massage therapy must include Physician's written approval
Durable Medical Equipment (including prosthetics or orthotics)	Itemized receipts showing <ul style="list-style-type: none"> ● patient name ● a detailed description of the equipment ● name & address of supplier ● date & charge for each service *Some medical equipment may require Physician's approval - call Green Shield for details
Vision Care	Itemized receipts showing <ul style="list-style-type: none"> ● patient name ● copy of vision prescription for first claim ● a breakdown of charges for lenses & frames ● date glasses were picked up
Extended Health - General	Itemized receipts showing <ul style="list-style-type: none"> ● patient name ● a detailed description of services or supplies ● provider's name & address ● date & charge for each service *Medical referral may be required for certain types of service or supplies
Out of Province/Country	Call Customer Service at 1-888-711-1119 for detailed claims submission instructions



Your Identification Number at Green Shield is the 3 letter prefix "UTG" plus your Student Number plus "-00"

A student member's ID number would appear as UTG 111222333-00. The '00' indicates a student member.

Dependents use the same student number with the exception of the last 2 digits:

'01' is designated for a spouse

'02', '03' etc. are for dependent children, in order of birth.

See your copy of your family application for dependents' digits

For example, UTG 111222333-02 would be used to submit a claim for a dependent child.

To complete the claim form, it must include your student number (UTG 111222333) and the last two digits (in the designated boxes to the right of the student number on the form) of the person for whom you are submitting a receipt

CUSTOMER SERVICE CENTRE

1 888 711-1119