IUOE Local 793 Benefit Trust Fund

Health Care Spending Account Claim Form

Global Benefits

Policy No. 44HCSA

Administrator 88 St. Regis Crescent South Toronto On M3J 1Y8 • Telephone: 416-635-6000 • Fax: 416-635-6464

Members Name First	Middle	Last	Social Insurance Number

Address: Number/Street/Apt. Number	City	Province	Postal Code

Date Member Insured *dd/mm/yyyy*	Date of Birth *dd/mm/yyyy*	Date Dependent Insured *dd/mm/yyyy*	☐ Initial Claim ☐ Subsequent

Sex	Claim for	If claim is for a Dependent Child, please indicate Spouse's date of birth
☐ Male ☐ Female	☐ Member ☐ Dependent	

	FIRST NAME	SEX	DATE OF BIRTH			DATE EXPENSE INCURRED DAY/MONTH/YEAR	NAME AND ADDRESS OF SUPPLIER	DRUGS: NAME OR D.I.N. OTHER: TYPE OF EXPENSE	AMOUNT CHARGED
			Day	Month	Year				
MEMBER									
SPOUSE									
UNMARRIED CHILDREN									

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

I authorize Global Benefits to collect and exchange personal information about me and/or my dependents to process this claim and administer my group plan. I understand any personal information obtained by Global Benefits will be kept confidential and, where necessary, Global Benefits will be exchanging my personal information. I authorize the following persons to exchange with Global Benefits or each other, any of my personal information in their possession: any health care practitioner, medical facility or provider of health care/dental services, any provincial health insurance plan, insurance company or reinsurer, or plan administrator, government agency, auditing or independent investigative organization, and financial institution. I authorize the use of my Social Insurance Number for identification purposes. I certify that the information in this form is true and complete, to the best of my knowledge. A copy of this authorization shall be as valid as the original.

Date _____ Signature of Member _____ Telephone Number (*include area code)* _____

SEND ALL CORRESPONDENCE, THIS CLAIM FORM, ETC. TO THE ADMINISTRATOR:

GLOBAL BENEFITS – CLAIMS DEPARTMENT
88 ST REGIS CRESCENT SOUTH
TORONTO ON M3J 1Y8

TELEPHONE: 416-635-6000
FAX: 416-635-6464