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HEALTH BENEFITS
Claim Form

Please complete and return this form to *Claims* at *Group Medical Services 2055 Albert Street PO Box 1949 Regina, SK S4P 0E3.*

A. Personal Information

First Name	Last Name	Sex ❑M ❑F	Date of Birth *(DD/MM/YYYY)*

GMS ID No.	Employer *(if applicable)*	Group Plan No. *(if applicable)*

Phone ( )	Provincial Health Services No.

Email

❑ *Yes, I would like to receive emails about special offers, promotions and opportunities to provide feedback about GMS products and services.*

Only complete this section if your address has changed.

Address	City/Town	Province	Postal Code

B. Other Coverage Information

Have there been any changes to your other coverage since your last claim?

❑ **Yes** (please complete the section below) ❑ **No** (skip to section C)

This includes any new coverage, changes to existing coverage (for example adding a dependant), or cancellation of coverage (be sure to include the End Date of Coverage).

	Name of Insured	Start Date of Coverage	End Date of Coverage *(if applicable)*
1			

Insurer	Policy No.	Certificate No.	Plan Type ❑ Group *(i.e. employer-sponsored)* ❑ Individual

Coverage *(check all that apply)* ❑ Health ❑ Drugs ❑ Dental ❑ Vision ❑ Travel	Who Is Covered? *(check all that apply)* ❑ Me ❑ Spouse ❑ Dependants

	Name of Insured	Start Date of Coverage	End Date of Coverage *(if applicable)*
2			

Insurer	Policy No.	Certificate No.	Plan Type ❑ Group *(i.e. employer-sponsored)* ❑ Individual

Coverage *(check all that apply)* ❑ Health ❑ Drugs ❑ Dental ❑ Vision ❑ Travel	Who Is Covered? *(check all that apply)* ❑ Me ❑ Spouse ❑ Dependants

C. Claims Information

Are any of the claims due to a work related accident or sickness? ❑ Yes ❑ No	Are any of the claims due to a motor vehicle accident? ❑ Yes ❑ No

First Name	GMS ID No.	Date of Birth *(DD/MMYYYY)*	Type of Expense *(i.e. ambulance, crutches, etc.)*	No. of Claims	Total Amount of Claims
			Total		

D. Declaration

I/We ("I") declare the statements made herein are true and complete. For the purposes of administering any Group Medical Services ("GMS") benefits, products or services (collectively "benefits") and/or determining eligibility for benefits, I authorize GMS to: (a) collect, store and use any personal information which I have provided to GMS or personal information obtained pursuant to clause (b); and/or (b) obtain personal information about me (or any other person listed herein) from, or disclose such personal information to: my Government Health Insurance Plan; the operator of any hospital, clinic, or other health facility; a doctor or other health care provider; any insurance company; or any other service provider or third party as may be reasonably required for the purposes described above.

I warrant that neither I nor any person herein listed have any additional coverage through any insurer other than the information listed herein and hereby authorize GMS to coordinate any eligible expenses with any additional insurer listed herein.

I understand that any misrepresentation, incorrect or concealed information or failure to fully complete all sections of this form may void my coverage.

I declare that, if I am signing on behalf of any person(s), I have the authority to sign on behalf of such person(s) listed herein and confirm that each of the above declarations and authorizations are also provided on behalf of such person(s).

Signature of all Claimants 18 years of age and older	Date *(DD/MMYYYY)*
X	

Please remember the following when submitting claims:

- All claims must be submitted within 12 months from the date of service.
- Submit only original itemized receipts. Attach all receipts to this claim form.
- GMS does not return receipts. Keep a copy of the receipt if necessary.
- Include any required physician referrals or orders.
- Please accumulate at least $20 in total expenses before submitting a claim.

GMS respects your privacy. Your personal information is not disclosed to anyone unless written authorization has been provided. Written authorization can be provided by filling out and submitting a Consent to Disclose Personal Information Form available online at www.gms.ca.

The fastest way to claim payments: a My GMS Account!

Don't have a My GMS Account and direct deposit for claim payments? You can in three easy steps. Creating an account and signing up for direct deposit before submitting this claim means you can have this claim—and all future claims—deposited directly to a bank account. No more waiting for cheques in the mail!

1 Visit **www.gms.ca** and click on **Login/Register** in the top right corner.

2 **Create** your My GMS account. (you'll need your GMS ID number & policy number which you can find on your GMS ID card)

3 **Log in** to your new account and **sign up for direct deposit**. (be sure to have your financial institution ID number, branch transit number and account number ready)

Depending on when you sign up for direct deposit, you may still receive a cheque for this claim.