## Retiree Plans

JG98-JG

													ease indicate your Firm & Certificate #					
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 2. Pa 3. Ar N 4. Ar If 5. Ar Cl 6. If f 7. Is <b>Decla</b> All the of my a ben under Under vorgan	overed atient' re you ame c ame c re any "Yes," "Yes," "Yes," "No," "No," any t ration family efit, if fowritin on-exh ization	d Indi 's Rel. or yo of inso of th prov clain - a a nent provi reatm and matic y. If th any. I g, add	ividu atior our d uring e se ide t ide t is a c is c a c t is a c is a c	al's aship epe g con rvice he c for cally lent dent dent he la requ noriz sterin st of s. Thi	Date o to C nden npan s pro late a an ov /men enrol ure, c st pla ired f ation provic s beir e Co-c ng an source s auth	of Birl overen ts ent y vided nd de er-age tally h led fu rown aceme for ort for th led or g man perato d adju es fror orizat	th (yw d Indi itled t as a n tails c e depenandi <b>ill tin</b> or bri ent da chodo <b>e Coll</b> the fo de on pors Life dicati n whice ion is	Y/MM/DD)	her pl No s ce man ment ement vment ion o blete, t /or de hnston efit pla lected on, use	an? ay bo ? t? f Pe f Pe an w incl e an w	Pres e requ No rsonal e best dents, oup In rith an udes r d com	No C eestect of my l am c., the y pers medic munic	Tyes I Yes I I) Yes mation (knowled authorized irr agents fron or or al and he ration of	f "	Patient's Da Yes," family Spouse's Da ge, and repre- to disclose in ind service pi nization havi lth profession ersonal inforr	sents a nforma roviders ing rele	irth (YYYY/MM/DD)    her insured    Birth (YYYY/MM/DD)    Birth (YYYY/MM/DD)    claim for services rendered to me and/or eligible members    tion about them for the purposes of assessing and paying    st ouse and exchange information for the purposes of    vant information about me, my spouse or dependents.    cilities or providers, insurance companies, or other    concerning my dependents, insofar as applicable to the	

Covered Individual's Signature \_\_\_\_

\_ Date \_

## ALL INFORMATION ON THIS FORM WILL BE TREATED AS CONFIDENTIAL



Health and dental insurance is underwritten by Co-operators Life Insurance Company and administered by Johnston Group Inc. Travel insurance is underwritten by CUMIS General Insurance Company, a member company of The Co-operators Group Limited, and is administered by Allianz Global Assistance, which is a registered business name of AZGA Service Canada Inc. and AZGA Insurance Agency Canada Ltd.





## **DENTAL CLAIM**

Instructions (Please read carefully)

The Dentist completes shaded areas. The Covered Individual completes all other sections. Please ensure all questions are answered or your claim may take longer to process. Send completed claim form to National Service Centre, 1051 King Edward Street, Winnipeg, MB R3H 0R4 Telephone 1-800-893-7587

