

PART 1 DENTIST		UNIQUE NO.	SPEC.	PATIENT'S OFFICE ACCOUNT NO.	I HEREBY ASSIGN MY BENEFITS PAYABLE FROM THIS CLAIM TO THE NAMED DENTIST AND AUTHORIZE PAYMENT DIRECTLY TO THE DENTIST.
P A T I E N T	LAST NAME _____ GIVEN NAME _____	D E N T I S T			
	ADDRESS _____ APT. _____				
	CITY _____ PROV. _____ POSTAL CODE _____				SIGNATURE OF SUBSCRIBER _____
FOR DENTIST'S USE ONLY, FOR ADDITIONAL INFORMATION, DIAGNOSIS, PROCEDURES, OR SPECIAL CONSIDERATION.		I UNDERSTAND THAT THE FEES LISTED IN THIS CLAIM MAY NOT BE COVERED BY OR MAY EXCEED MY PLAN BENEFITS. I UNDERSTAND THAT I AM FINANCIALLY RESPONSIBLE TO MY DENTIST FOR THE ENTIRE TREATMENT. I ACKNOWLEDGE THAT THE TOTAL FEE OF \$ _____ IS ACCURATE AND HAS BEEN CHARGED TO ME FOR SERVICES RENDERED. I AUTHORIZE RELEASE OF THE INFORMATION CONTAINED IN THIS CLAIM FORM TO MY INSURING COMPANY/PLAN ADMINISTRATOR. I ALSO AUTHORIZE THE COMMUNICATION OF INFORMATION RELATED TO THE COVERAGE OF SERVICES DESCRIBED IN THIS FORM TO THE NAMED DENTIST. SIGNATURE OF PATIENT (PARENT/GUARDIAN) _____			
DUPLICATE FORM <input type="checkbox"/>		OFFICE VERIFICATION _____			

[illegible]

PART 2 POLICYOWNER INFORMATION	
Policy Number _____	Phone Number: Home _____ Work _____
Policyowner Name (please print) _____	
Policyowner Address _____	
This claim will be returned to you if it is incomplete or contains errors. Please keep a copy for your records.	

PART 3 PATIENT INFORMATION	
1. Patient's relationship to you: _____	2. Patient's date of birth: _____ / _____ / _____ Day Month Year
3. If the patient is a child, does the patient reside with you? <input type="checkbox"/> Yes <input type="checkbox"/> No	
4. If the patient is a child over 18 but under 25 years of age:	
a) Are they a full-time student? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, name of school? _____	
b) Are they employed? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, how many hours worked per week? _____	
5. a) Are you or any other member of your family entitled to benefits from any other source? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Group <input type="checkbox"/> Individual	
If Yes, name of family member insured _____	
If Yes, name of other insurance company _____ Policy number _____	
b) If Yes to question 5 a), and the patient is a dependent child, please provide spouse's date of birth _____ / _____ / _____ Day Month Year	
6. Is treatment required as a result of an accident? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, give date, location, and explain how accident happened. _____	
7. If claim is for denture, crown or bridge, is this an initial placement? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, give date of prior placement and reason for replacement. _____	

PART 4 PRIVACY

Protecting your personal information. At Canada Life, we're committed to protecting personal information and respecting your privacy. Personal information is information that either on its own or combined with other information allows an individual to be identified. This includes your name and address, as well as more sensitive information such as your health and financial records. When applicable, this includes information about other people such as your spouse, common-law partner, and children.

Who we share personal information with. We share your personal information with other people and organizations who help us administer your products and provide you with services. This may include your advisor or people who work with your advisor, our Canadian subsidiaries, and other organizations that provide us services such as paramedical examiners, medical laboratories, MIB, LLC., specialty coverage providers, independent medical examiners, and pharmacy benefits managers. As well, we may share your information with claims assessors, travel assistance providers, technology suppliers, other insurance or reinsurance companies, other financial institutions, and credit reporting agencies. As part of our day-to-day business, your personal information may be communicated to government departments and agencies, and may be communicated outside your province of residence or outside Canada. We take protecting your personal information seriously and we'll never sell your personal information to anyone.

You're in control of your personal information. We respect your privacy preferences and follow them when using your personal information. At any point in your relationship with us, you can choose how your personal information is used by updating your privacy preferences through your [online account](https://canadalife.com/privacy) or by submitting a request through our privacy centre at canadalife.com/privacy. This includes choosing whether you receive customer experience surveys, the use of your SIN for non-tax reporting purposes, and whether and how you want to receive information and offers from Canada Life using the personal information we collect from you throughout your relationship with us. You can also exercise other privacy rights through our privacy centre such as access to or correction of your personal information.

If you choose to remove your consent to the collection, use and disclosure of the personal information required to serve you and meet our legal obligations, we may not be able to continue to provide you with products and services.

Want to learn more? Please visit canadalife.com/privacy.

PART 5 PRIVACY CONSENT, AUTHORIZATION AND SIGNATURE

I understand that my personal information will be collected, used and shared as set out above.

I certify that the information given on this claim form is true, correct and complete to the best of my knowledge. I certify that all the goods and services being claims have been received by me, my spouse and/or my dependents: and that my spouse and/or dependents are eligible under the terms of my plan.

The submission of fraudulent claims is a criminal offense. Canada Life takes the submission of fraudulent claims seriously. Suspected fraudulent claims may be reported to your employer or plan sponsor and to the appropriate enforcement agency.

I agree that by submitting this form or authorizing it to be submitted, I am consenting to the terms set out in this section, even if I have not signed the form.

Signature _____ Date _____