HEALTH & DENTAL
Claim Form

Please complete and return this form to *Claims* at *GMS 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).

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

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

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

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

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

Coverage *(check all that apply)* ❑ Health ❑ Drugs ❑ Dental ❑ Vision ❑ Travel ❑ HCSA	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	Process under my HCSA? *(Only for group plans with an HCSA)*
						❑ Yes ❑ No
						❑ Yes ❑ No
						❑ Yes ❑ No
						❑ Yes ❑ No
						❑ Yes ❑ No
						❑ Yes ❑ No
			Total			

D. Declaration

I/We (“I”) declare the statements made herein are true and complete. I accept full responsibility to ensure that all expenses incurred and submitted for payment from my HCSA are allowable medical expenses as defined under the Income Tax Act (Canada). I certify that the individuals for whom this claim is made are eligible under my HCSA and/or may include others defined as eligible dependents by the Income Tax Act (Canada). 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). I agree that my electronic signature has the same legal effect as my handwritten signature. Electronic signatures include any information in electronic form that a party has created or adopted in order to sign a document and that is in, attached to, or associated with the document, including signatures sent by fax or email.

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

Please remember the following when submitting all 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.

Please remember the following when submitting HCSA claims:

- They must be submitted:
  - a) 90 days after the end of the policy year
  - b) 30 days after the termination date from the policy
- If you and/or any of your eligible dependents have coverage under another plan, you must submit any unpaid amounts from this claim to that plan before submitting to your HCSA. HCSA is considered last payor.

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.

3 reasons to register for a My GMS Account!

Don’t have a My GMS Account and direct deposit for claim payments? 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.

1 Submit claims online; view processed claims and payments; review your explanation of benefits; and get details on your coverage.

2 Sign up to have claim payments directly deposited into your bank account. No more waiting for cheques in the mail.

3 Find health providers such as massage therapists, physios, psychologists and more who accept your GMS Card. They’ll bill us directly.

(Check applicable coverage in your policy booklet)

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