



CONCORDIA UNIVERSITY INTERNATIONAL STUDENTS CLAIM FORM EXTENDED HEALTH CARE BENEFITS

PO Box 3300, Station B, Montreal (Quebec) H3B 4Y5

Empty rectangular box for participant information.

NEW ADDRESS* form with fields for NAME, ADDRESS, APT#, and POSTAL CODE.

NAME OF PARTICIPANT, CONTRACT NO., SECTION NO., and STUDENT ID fields.

* PLEASE FILL OUT THIS FORM AND ENCLOSE ORIGINAL COPIES OF YOUR BILLS AND RECEIPTS. THESE DOCUMENTS WILL NOT BE RETURNED. DUPLICATES SHOULD BE RETAINED FOR YOUR FILE.

Main form area with questions: WERE EXPENSES INCURRED FOLLOWING AN ACCIDENT?, DATE, PLACE, DESCRIBE THE SERVICES RECEIVED, BEFORE DEPARTURE, DID YOU SEE A DOCTOR OR A SPECIALIST?, ARE EXPENSES SUBMITTED COVERED BY ANY OTHER INSURANCE CONTRACT?, IS YOUR SPOUSE COVERED UNDER ANOTHER HEALTH INSURANCE PLAN?, and N.B. instructions.

I hereby certify that the expenses submitted were incurred following an illness or injury and that my statements are true and complete. If the claim is submitted on behalf of my spouse or dependent children, I confirm that I am authorized to release any information regarding the latter for the purpose of claim processing. I authorize Medavie Blue Cross to obtain and use all pertinent information relevant to the claim processing and the administration of the plan. I authorize any person or organization, including health care providers or any health professional or medical organization holding relevant information in respect of this claim, to release and exchange the information that is requested by Medavie Blue Cross or its agents. I understand that my personal information will be kept confidential and secure and will be used only for the reason for which it was provided. I understand that a photocopy or electronic version of this authorization is as valid as the original.

Signature _____ Date _____

A photocopy of this authorization shall be as valid as the original. This consent complies with federal and provincial privacy laws.

PLEASE COMPLETE THE INFORMATION ON THE BACK OF THIS FORM.

