



BOILERMAKERS' NATIONAL HEALTH PLAN (CANADA) AUDIOMETRIC TESTING, ANNUAL MEDICAL CLAIM FORM

- Member Name: _____
- Member Address: _____
- Province: _____ Postal Code: _____
- Telephone Number _____ Date of Birth ____/____/____
MM DD YYYY
- Email Address: _____

This Claim is for expenses incurred by me for the following expense(s) and I am attaching official receipts: (Please check all that apply). Please carefully read the Privacy Statement below as it informs you of how the information submitted may be used.

- Audiometric Testing
 - Annual Test (one test per 12 month period)
 - Custom Fitted Earplugs (one pair per five year period unless prescription changed due to illness or significant weight loss)
- Annual Medical Exam

Expense Summary

Date Expense Incurred	Description of Expense	Amount Charged
	Total Expenses	\$ _____

If this is your first claim, or if your financial institution information has changed, please complete the attached Direct Deposit Authorization Form.

Mail, fax or email claim form along with all official receipts to:
Boilermakers' National Benefit Plans (Canada) Administration Office
45 McIntosh Drive Markham, Ontario, L3R 8C7

TELEPHONE NUMBER: 1-905-946-2530 or 1-800-668-7547, FAX NUMBER: 1-905-946-2535

E-MAIL ADDRESS: MEDICAL@BOILERMAKERSBENEFITS.CA

Date Submitted: _____ **20** _____ **Member's Signature:** _____

Member's Consent: I consent to the audiometric testing and understand that all information will be held in strict confidence by the IBB and/or the Boilermakers' National Health Plan (Canada) (the "Plan"), in accordance with the guidelines set forth by the Alberta Personal Information Protection Act or applicable privacy statutes. I authorize IBB and the Plan to release information pertaining to my audiometric test only as required by the applicable workplace health and safety or worker compensation statutes. The IBB and the Plan will comply with all applicable privacy and employment-related provincial statutes.

Privacy Statement: The Boilermakers' National Health Plan (Canada), the Boilermakers' National Pension Plan (Canada) (together called "the Plans"), their administrator Employee Benefit Plan Services Limited, and providers working with the Plans or administrator will collect, maintain, use and disclose only the information that is necessary for the administration of the Plans. Personal information will be protected pursuant to the applicable legislation. The Plans may collect, maintain, use and disclose personal information with relevant persons or organizations (employers, health benefit managers, health professionals, institutions, insurers, investigative agencies, legal counsel, other plans or unions, pharmacies, regulators, re-insurers) in order to manage the Plans and entitlement to the benefits of the Plans, and may include information such as financial, health or benefits related information. Questions related to the Privacy Statement should be directed to the Privacy Officer.