



**Plan Administration Office Address**  
 45 McIntosh Drive Markham, ON L3R 8C7  
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 E-Mail: medical@boilermakersbenefits.ca

**HEALTH CARE SPENDING ACCOUNT  
 CLAIM SUBMISSION FORM**

**Mobile Option Available!**  
 All members can use GreenShield+ to submit claims, view balances and past claims, and more.  
 Get started with GreenShield+ here: [boilermakersbenefits.ca/news/gsc-videos](http://boilermakersbenefits.ca/news/gsc-videos)

**BOILERMAKERS' NATIONAL HEALTH PLAN (CANADA)**

All Claims must be submitted within 12 months of the date of service.  
 The cost, if any, of obtaining this information is at the Member's expense.

**PLAN MEMBER INFORMATION**

BOILERMAKERS' BENEFIT CARD ID NUMBER	LAST NAME	FIRST NAME
DATE OF BIRTH	TELEPHONE NUMBER	E-MAIL ADDRESS
STREET ADDRESS	CITY/PROVINCE	POSTAL CODE

**MANDATORY DECLARATION**

ARE EXPENSES DUE TO A WORK-RELATED INJURY?  YES  NO

IF "YES", DATE OF INJURY (D/M/YR): \_\_\_\_\_ IF "YES", WSIB/WCB CASE#: \_\_\_\_\_

**CLAIM DETAILS**

PATIENT'S NAME <small>(Only include names of patients with receipts attached)</small>	DATE OF BIRTH <small>(D/M/YR)</small>	PROFESSIONAL/ SUPPLIER'S NAME AND PROVIDER NUMBER	DATE OF CLAIM <small>(D/M/YR)</small>	TYPE OF EXPENSE	TOTAL AMOUNT CHARGED PER VISIT/ITEM

**SPECIAL NOTES FOR PRESCRIPTION DRUG CLAIMS ONLY**

**TO FACILITATE CLAIMS PROCESSING:**

- Please note: Cash register receipts, credit card receipts and/or debit slips alone are insufficient. Official pharmacy receipts are required.
- Original receipts must contain the patient's name, date of service, Rx number, drug name, quantity dispensed and Drug Identification Number (DIN).
- If injectable, please provide a breakdown of quantity dispensed, drug cost and administration fees. If the Claim is from **OUT OF THE COUNTRY**, please provide:

Name of Country Visited: \_\_\_\_\_ Currency Used: \_\_\_\_\_ Name of Drug: \_\_\_\_\_

**AUTHORIZATION**

\_\_\_\_\_

**MEMBER SIGNATURE** **DATE**

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.