



**Plan Administration
Office Address**

45 McIntosh Drive
Markham, ON L3R 8C7
Phone: 1-800-668-7547 Fax: 1-905-946-2535
E-Mail: medical@boilermakersbenefits.ca

**Don't Forget To Use
Your All-In-One
Benefit Card!**

**Get Paid Faster
Submit Online!**
www.boilermakersbenefits.ca

**PERMIT WORKER'S
HEALTH CARE SPENDING ACCOUNT
CLAIM SUBMISSION FORM**

BOILERMAKERS' NATIONAL HEALTH AND WELFARE 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 expense of the Patient/Permit Worker.

PLAN MEMBER INFORMATION

BOILERMAKERS' BENEFIT CARD ID NUMBER	SOCIAL INSURANCE NUMBER	WORKER'S DATE OF BIRTH
WORKER'S LAST NAME	WORKER'S FIRST NAME	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 (Only include names of patients with receipts attached)	DATE OF BIRTH (D/M/YR)	PROFESSIONAL/ SUPPLIER'S NAME AND PROVIDER NUMBER	DATE OF CLAIM (D/M/YR)	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 patient's name, date of service, Rx number, drug name, quantity dispensed and Drug Identification Number (DIN).
- If injectable, please provide 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

SIGNATURE OF PERMIT WORKER **DATE**

Privacy Statement: The Plan will collect, maintain and communicate only the Personal Information considered necessary for the administration of the Plan. Personal information will be protected pursuant to applicable legislation. The Plan may use and exchange information with relevant persons or organizations (health professionals, institutions, investigative agencies, unions, regulators, legal counsel, actuaries etc.) in order to manage the Plan and your entitlement to the Benefits of the Plan.

Questions related to the Privacy Policy of the Plan should be direct to the Plan Administration Office at 1-800-668-7547