



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

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 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? <input type="checkbox"/> YES <input type="checkbox"/> 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:	
<ul style="list-style-type: none"> 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 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.