

MAIL ALL CLAIMS TO: LiUNAcare LOCAL 3000
90 Burnhamthorpe Road West, Suite 300
Mississauga ON L5B 3C3
P: 905-247-3040
F: 905-275-6462 • E: info@liunacare3000.com

Please type or print, including all information indicated. Use more than one form if necessary.

Employer location (city and prov.)										
Member's Name						Policy No.	Identif	ication No.	Date of Birth	
					1	77882			Mo. Day	Yr.
Member's Address								Telephone N	umber 🗌 🗆 Initia	l Claim
•						Postal Code	☐ Subsequent Claim			
Have you (or your dependant) any other coverage which would pay a benefit for this claim? ☐ Yes ☐ No										
If "Yes", policy number and name of insuring agency										
If "Yes" and claim is for a dependent child, please indicate spouse's date of birth										
If child, indicate										
	FIDOT NAME	DATE OF BIRTH			DATE EXPENSE	NAME AND ADDRESS OF	1		ME OR D.I.N.	AMOUNT
	FIRST NAME	D	М	Υ	INCURRED	SUPPLIER OF PHARMAC	Y O	THER: TYPE	OF EXPENSE	CHARGED
м										
E M B										
E R										
S P O										
U     S										
E										
U										
N M										
A R R										
E D										
c										
H										
D R E										
N										
At Canada Life, we recognize and respect the importance of privacy. Personal information that we collect will be used for the purposes of assessing your claim and administering the group benefits plan. I authorize Canada Life, any healthcare or dentalcare provider, my plan administrator, other insurance or reinsurance companies, administrators of government benefits or other benefits programs, other organizations or service providers working with Canada Life located within or outside Canada, to exchange personal information when necessary for these purposes. I understand that personal information may be subject to disclosure to those authorized under applicable law within or outside Canada.										
I also consent to the use of my personal information for Canada Life and its affiliates' internal data management and analytics purposes.  For a copy of our Privacy Guidelines, or if you have questions about our personal information policies and practices (including with respect to										
service providers), write to Canada Life's Chief Compliance Officer or refer to <a href="https://www.canadalife.com">www.canadalife.com</a> Plan Member's Signature										
Plan Member's Signature Date										