Dental Claim Form

Approved by the Canadian Dental Association

Sun Life Assurance Company of Canada, a member of the Sun Life Financial group of companies, is committed to keeping your information confidential.

1 To be completed by Dentist

PATIENT

Last Name | Given Name

Address | Apt.

City | Prov. | Postal Code

Unique Number | Spec. | Patient's Office Account No.

DENTIST

Phone No.:

I hereby assign my benefits payable from this claim to the named dentist and authorize payment directly to him/her.

Signature of Subscriber

For Dentist's Use Only - For additional information, diagnosis, procedures, or special consideration.

Duplicate Form ☐

I understand that the fees listed in this claim may not be covered by or may exceed my plan benefits. I understand that I am financially responsible to my dentist for the entire treatment. I acknowledge that the total fee of $ is accurate and has been charged to me for services rendered. I authorize release of the information in this claim form to my insuring company / plan administrator.

Signature of Patient (Parent/Guardian)

Office Verification/Dentist's Signature

Date of Service			Procedure Code	Intl Tooth Code	Tooth Surfaces	Dentist's Fee	Laboratory Charge	Total Charges
Day	Month	Year						

This is an accurate statement of services performed and the total fee due and payable E & OE

TOTAL FEE SUBMITTED

For Plan Administrator Use Only

2 To be completed by Member

You must complete this section.

Member Information

Contract Number **56000** | Employee ID No.

Last Name | Given Name | Date of Birth (d/m/y) | ☐ Male ☐ Female

Street Address | Daytime Telephone Number ( )

City | Province | Postal Code | Evening Telephone Number ( )

3 Spouse and Children Covered by this Claim

Complete only if claim is for your spouse or child.

Spouse's Full Name ☐ Male ☐ Female | Date of Birth (d/m/y)

Child's Name	Relationship to you		Date of Birth			Complete for overage dependents (refer to benefit information for age limits)	
	Son	Daughter	Day	Month	Year	Disabled	Full-time Student
	☐	☐				☐	☐

4 Co-ordination of benefits

Indicate if your Spouse and/or children has coverage under any other dental plan or contract.

Is your spouse and/or children covered for any of these expenses under any other dental plan or contract?

No ☐ Yes ☐ Spouse's date of birth (d/m/y): ____________

If yes,:
- You must submit a claim for your spouse to his/her plan first.
- You must submit a claim for your child first under the plan of the parent with the earliest birthday (month and day) in the calendar year

If your spouse's plan is also with us: Contract Number ____________ Member ID: ____________

Do you want us to co-ordinate benefits (process both claims)? No ☐ Yes ☐

If yes, Spouse's Signature: ____________ Date (d/m/y) ____________

5 Details of Claim

If the cost of your treatment will exceed the pre-determination limit in your benefit plan, you should send an estimate to Christian Labour Association, for verification of eligibility and forwarding to Sun Life Assurance Company of Canada.

The deadline for submitting your claims under the Plan is 180 days after the end of the calendar year in which the expense was incurred.

1. Are any expenses the result of an accident? No ☐ Yes ☐ If yes, complete the following:

When and where did the accident occur (d/m/y): ____________ Work ☐ Home ☐ Other ☐

How did the accident occur?

Are any expenses the result of a condition covered by a workers' compensation program? No ☐ Yes ☐

2. Is this treatment for orthodontic purposes? No ☐ Yes ☐ Implants? No ☐ Yes ☐

3. Crowns, Bridges, Dentures Is this the initial placement? No ☐ Yes ☐

If No,
- Date of prior placement (d/m/y): ____________
- Reason for replacement: ____________

If Yes,
- Date teeth were extracted (for denture or bridge (d/m/y): ____________

Please include the following to facilitate handling of your claim:
- Pre-treatment x-rays (for crowns, bridges, veneer, inlays, onlays)
- List of all missing teeth (for bridges only)

6 Authorization and Signature

You must complete this section.

Fraudulent claims are very costly for all participants in benefit plans. As Administrator of this plan, we may check the accuracy of the information given in support of your claim.

I certify that all goods or services being claimed have been received by me/my dependents. If this claim is being made on behalf of my spouse and/or dependents, I am authorized to disclose information about them, for the purposes of assessing and paying a benefit, if any.

I certify that the information in this form is true and complete and does not contain a claim for any expenses previously paid for by this or any other plan.

I understand that Sun Life Assurance Company of Canada may investigate this claim. I authorize Christian Labour Association to use the information in this form for the purpose of verifying my eligibility under the plan and to forward this claim to Sun Life Assurance Company of Canada for processing. I authorize Sun Life Assurance Company of Canada, its agents and service providers to use and exchange information needed for underwriting, administration and adjudicating claims under this Plan with any person or organization who has relevant information pertaining to this claim including health professionals, institutions, investigative agencies, insurers and reinsurers. I understand that information about me pertaining to this claim may be reviewed in the event that this Plan is audited.

I agree that a photocopy or electronic version of this authorization shall be as valid as the original.

Member's signature	Date (d/m/y)
X	

For details specific to your plan, consult your benefit information package or visit our Web site, www.sunlife.ca

Please mail your completed claim form to the CLAC address indicated below. After Christian Labour Association verifies eligibility, your claim will be forwarded to Sun Life Assurance Company of Canada for processing.

Christian Labour Association of Canada
Attention: Plan Administrator, Benefit Division
15505 Yellowhead Trail
Edmonton AB T5V 1E5

Please retain a copy of your claim form and receipts for your records.