



To be considered an eligible expense, claims must be received within 18 months from the date expense was incurred or 6 months from the date your plan terminated, using the date of service or the date supplies were purchased. Your claim form must be completed in full, with itemized expenses, and receipts attached. Please note: drug receipts, other than those required for government drug plans, will not be returned. Please retain copies or your explanation of benefits for income tax purposes.

Personal information collected will be used for the purposes of assessing your claim and administering the Benefit Plan. For a copy of our Privacy Guidelines, or if you have questions about our personal information policies and practices, contact the Administrator at the address above.

By signing this Claim Form, I authorize the PBAS Group to exchange my personal information and the information provided on behalf of my dependants, with other insurance or reinsurance companies, administrators, or health/dental care providers, when necessary to adjudicate my claim(s). I understand that personal information may be subject to disclosure to those authorized under applicable law within or outside Canada. I certify that the information provided is true, correct, and complete, to the best of my knowledge. I acknowledge that a photostatic copy of this form will be as valid as the original.

Date _____