



Part 4 – Patient information - Complete for all expenses; one line per patient.

Patient's name		Patient's relationship to plan member			Patient's date of birth			If the eligible dependant child is between 21 and 25 years old, are they a full-time student?	
First name	Last name	Self	Spouse or common-law partner	Eligible dependant child	Day	Month	Year	Yes	No
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>

Part 5 – Coordination of benefits - Complete this section to indicate whether the patient has dental benefits coverage under any other plan.

- Is the patient entitled to any other dental insurance for the expenses being claimed? Yes No
If yes, please answer the questions below.
 - Who does the other insurance plan belong to? Self Spouse or common-law partner Eligible dependant child
First name Last name
 - If the other insurance plan belongs to your spouse or common-law partner and the patient is an eligible dependant child, please provide your spouse or common-law partner's date of birth. Day Month
 - Is the other insurance plan also with Canada Life? Yes No
If yes, please provide: Plan number Certificate number
Other insurance plan member's signature of authorization: X
- * If other insurance is not with Canada Life and you have submitted these expenses to your other insurer, please attach to this claim the explanation of benefits (EOB) provided by the other insurer. An EOB is required even if no benefits were paid by other insurance.
- ** We assess claims using the information you provided during positive enrolment. Any discrepancies may delay our assessment of your claim.

Part 6 – Information about your claim - Complete this section to provide us with additional information about your claim.

- (a) Is this treatment required as the result of an accident? Yes No
(b) If yes, please provide the date Day Month Year Location
How or type of injury
(c) If covered under the Public Service Health Care Plan (PSHCP) provide a copy of the explanation of benefits.
- (a) Is this claim for a denture, crown or bridge? Yes No
(b) Is this the initial placement? Yes No
(c) If yes, please provide pre-treatment x-rays for a crown or bridge.
(d) If no, please provide the date of the prior placement Day Month Year
and the reason for replacement.
- (a) Is this treatment required for orthodontic purposes? Yes No
(b) If yes, please provide the date the initial appliance was installed. Day Month Year



Part 7 – Privacy

At Canada Life, we recognize and respect the importance of privacy. Personal information we collect will be used to assess your claim and administer the group benefits plan. Please refer to the [PDSP Privacy Statement \(https://www.canada.ca/en/treasury-board-secretariat/topics/benefit-plans/plans/pensioner-dental-services-plan/resources/pensioners-dental-services-plan-privacy-statement.html\)](https://www.canada.ca/en/treasury-board-secretariat/topics/benefit-plans/plans/pensioner-dental-services-plan/resources/pensioners-dental-services-plan-privacy-statement.html) for further information on how your privacy is protected. Where there is a difference between the [Privacy Act \(//laws-lois.justice.gc.ca/eng/acts/P-21/\)](http://laws-lois.justice.gc.ca/eng/acts/P-21/) and the PDSP Privacy Statement and Canada Life's Privacy guidelines, Canada Life will apply the most stringent requirements. 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 canadalife.com.

Part 8 – Confirmation, Authorization and Signature

I authorize Canada Life, any healthcare or dental care provider, my plan sponsor, the Federal PSHCP Administration Authority (for the PSHCP only), Dental Board/Boards of Management (for the PSDCP and/or PDSP - whichever plans you are enrolled in with Canada Life), 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.

In accordance with the [Positive Enrolment Authorization and Declaration \(welcome.canadalife.com/pdsp/review-authorizations-and-declarations.html\)](http://welcome.canadalife.com/pdsp/review-authorizations-and-declarations.html) accepted during the completion of Positive Enrolment (refer to your Positive Enrolment Record if you completed Positive Enrolment by paper), I agree to the collection, use and disclosure of personal information as set out in the Privacy section, Canada Life's Privacy guidelines and the PSHCP, PSDCP and/or PDSP Privacy Statement(s) (whichever plans you are enrolled in with Canada Life).

For the purposes of appeals, audits, or in the case of overpayments and/or erroneous payments which I have not reimbursed to Canada Life, I agree that Canada Life may disclose personal information related to such payment to the Plan Sponsor, the Treasury Board of Canada Secretariat, and the Federal PSHCP Administration Authority (for the PSHCP only), Dental Board/Boards of Management (for the PSDCP and/or PDSP - whichever plans you are enrolled in with Canada Life). The Plan Sponsor/Treasury Board of Canada Secretariat may disclose this personal information to government institutions so that the overpayments and/or erroneous payments and associated interest (if applicable) can be deducted or set-off from any money due or payable to me by His Majesty. I certify that the information given on this claim form is true, correct and complete to the best of my knowledge.

I certify that all goods and services being claimed have been received by me, my spouse, common-law partner and/or my dependants; and that my spouse, common-law partner and/or dependants are eligible under the terms of my plan. The submission of fraudulent claims is a criminal offence. Canada Life takes the submission of fraudulent claims seriously. Suspected fraudulent claims may be reported to your employer or plan sponsor and to the appropriate law enforcement agency.

Plan member's signature X _____ Date

Part 9 – Submitting your claim

Please send your claim to Canada Life:

ONLINE

canadalife.com/pdsp

Sign in to your account through the PDSP Member Services website to submit claims or estimates.

MAIL

Winnipeg Benefit Payments
PO Box 6025 Station Main
Winnipeg MB R3C 3C7

Questions? Call Canada Life:

North America (toll-free): 1-855-415-4414
International (collect): 1-431-489-4064



Deaf or hard of hearing and require access to a telecommunications relay service?

Please contact us:
TTY to Voice: 711 • Voice to TTY: 1-800-855-0511

HAVE YOU COMPLETED ALL SECTIONS OF THIS CLAIM FORM?