



THIS IS A: Claim Treatment plan or estimate

Part 1 – Instructions

Please use this form to submit your claim or treatment plan for dental benefits coverage to Canada Life.

1. Have your dental provider complete Part 2.

2. Complete Parts 3 to 8 in full.

3. Send this form to the appropriate Canada Life address. See Part 9.

All claims under the Pensioners' Dental Services Plan (PDSP) must be submitted through you. We may disclose personal information about claims with your employer, your service provider and/or a person acting on your behalf when necessary to confirm eligibility and to mutually manage the claim.

Part 2 – Dental provider

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CITY PROV./TERR./COUNTRY P				POSTAL	CODE	PHONE NO.								SIGNATURE OF PLAN MEMBER								
FOR PROVIDER'S USE ONLY. FOR ADDITIONAL INFORMATION, DIAGNOSIS, PROCEDURES OR SPECIAL CONSIDERATION.									I UNDERSTAND THAT THE FEES LISTED IN THIS CLAIM MAY NOT BE COVERED BY OR MAY EXCEED MY DENTAL BENEFITS COVERAGE. I UNDERSTAND THAT I AM FINANCIALLY RESPONSIBLE TO MY PROVIDER 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 CONTAINED IN THIS CLAIM FORM TO MY													
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Part 3 – Plan member information - You must complete this section fully. If you are unsure of your plan or certificate number, please see your PDSP benefit card, the Canada Life PDSP Member Services website or Part 9 for our contact information. Plan name Plan number Plan member's certificate number **Pensioners' Dental Services Plan** Plan member's name First name Last name Plan member's address Number and street Province/Territory/State Postal/Zip Code City or town Country Day Month Year Date of birth

M445D(PDSP)-10/24

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PENSIONERS' DENTAL SERVICES PLAN



Patient	Patient	Patie	nt's date o	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

2. Who does the other insurance plan belong to?
Self
Spouse or common-law partner
Eligible dependant child

First name	
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Last name

- 3. 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.
- 4. Is the other insurance plan also with Canada Life? \Box Yes $\ \Box$ No

If yes, please provide: Plan 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.

Certificate number

** 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.

1.	(a) Is this treatment required as the result of an accident?
	(b) If yes, please provide the date 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.
2.	(a) Is this claim for a denture, crown or bridge? \Box Yes \Box No
	(b) Is this the initial placement? \Box Yes \Box 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 Month Year
	and the reason for replacement.
3.	(a) Is this treatment required for orthodontic purposes?
	(b) If yes, please provide the date the initial appliance was installed. Day Month Year





Month

Year

Day

Date

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 <u>PDSP Privacy Statement</u> (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 <u>Privacy Act</u> (//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 <u>canadalife.com</u>.

Part 8 – Confirmation, Authorization and Signature

I authorize Canada Life, any healthcare or dentalcare 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 <u>Positive Enrolment Authorization and Declaration</u> (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

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.

Questions? Call Canada Life:

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

MAIL

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



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?