canada life™

GOVERNMENT OF NEWFOUNDLAND AND LABRADOR

Newfoundland Labrador

Please send your claim to one of the Benefit Payment office addresses below

Questions? Call Toll Free: 1.844.349.5656
Newfoundland and Labrador Benefit Payments
PO Box 13820 Station A
St John's NL A1B 0S4
www.canadalife.com

Questions? Call Toll Free: 1.844.349.5656
Newfoundland and Labrador Benefit Payments
PO Box 729 Station Main
Corner Brook NL A2H 6G7
www.canadalife.com

CERTIFICATION OF MEDICAL TRANSPORTATION

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

A - PLAN MEMBER IDENTIFICATION *(To Be Completed By Member)*

Plan member's last name	First name		
Plan number **168000**	Plan member I.D. number		
Address - No., street, apt.	City	Province	Postal code

B - COORDINATION OF BENEFITS *(To Be Completed By Member)*

Complete this section to indicate whether you or any member of your family have benefits coverage from any other plan.

1. Are you, or any member of your family, entitled to benefits under any other plan for the expenses being claimed? ☐ Yes ☐ No If yes, please provide:

Name of insurance company

Plan number

Plan member I.D. number

If spouse's plan, please provide spouse's date of birth:

Day | Month | Year

C - DECLARATION OF MEDICAL PRACTITIONER *(To Be Completed By Medical Practitioner)*

Patient's last name	First name
Date of birth: DD MM YYYY	
Diagnosis	
Services provided:	
Are these services ongoing? ☐ Yes ☐ No	
Name and address of medical facility to which patient has been referred:	
Is this the nearest medical facility to the patient's residence where the required services are available? ☐ Yes ☐ No	
Is an escort required to accompany the patient to and from this appointment? ☐ Yes ☐ No	
Date of appointment: DD MM YYYY	
Medical practitioner last name and first name (PLEASE PRINT)	

Signature of Medical Practitioner **Date**

M7300(168000)-10/20

D - CONFIRMATION, AUTHORIZATION, AND SIGNATURE

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. 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 www.canadalife.com.

I authorize Canada Life, any healthcare 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 certify that the information given is true, correct, and complete to the best of my knowledge. I also consent to the use of my personal information for Canada Life and its affiliates' internal data management and analytics purposes.

Signature of Plan member **Date**

Clear