



CLAIM DETAILS	DRUG EXPENSES		OTHER EXPENSES		
	Patient Name	Number of Receipts	Total Charge	Type of Expense	Total Charge
	Total Charges		Total Charges		

(IF ADDITIONAL SPACE IS NEEDED, ATTACH SEPARATE PAGE)

At Great-West 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 Great-West Life's Chief Compliance Officer or refer to [www.greatwestlife.com](http://www.greatwestlife.com). I authorize Great-West 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 Great-West Life 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 all goods and services being claimed have been received by me, my spouse and/or my dependents. I certify that I am claiming expenses that were incurred by myself or a person(s) for whom I am entitled to claim a medical expense credit under the Income Tax Act (Canada). I certify that the information given is true, correct and complete to the best of my knowledge.

Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_

### Claims Submission Instructions

<p><b>Coordinating Your Health and Dental Claims</b> (coverage provided by the U of M plans and your spousal coverage)</p>	<p><b>Claims for you:</b></p> <ul style="list-style-type: none"> <li>For Health claims submit to U of M Health Plan (GWL) first. Then submit any remaining unpaid expenses to your spouse's plan (along with GWL Explanation of Benefits).</li> <li>For Dental claims submit to U of M Dental Plan (Blue Cross) first. Then submit to your spouse's plan (along with Blue Cross Explanation of Benefits).</li> <li>Last, submit to U of M HCSA (GWL) for any unpaid portion (along with all Explanation of Benefits documents).</li> </ul> <p><b>Claims for your spouse:</b></p> <ul style="list-style-type: none"> <li>For Health and Dental claims submit to your spouse's plan first.</li> <li>For Health claims, submit to U of M Health Plan (GWL) next, for reimbursement from the Health Plan and your HCSA (along with Explanation of Benefits from first insurer).</li> <li>For Dental claims submit to U of M Dental Plan (Blue Cross) next (along with Explanation of Benefits from first insurer).</li> <li>For Dental claims, last submit to U of M HCSA (GWL) for any unpaid portion (along with all Explanation of Benefits documents).</li> </ul> <p><b>Claims for your dependent children:</b></p> <ul style="list-style-type: none"> <li>For Health and Dental claims submit first to the plan of the parent whose birthday is first in the calendar year.</li> <li>Next, submit any remaining unpaid expenses to the plan of the other parent (along with Explanation of Benefits from first insurer).</li> <li>Last, submit to U of M HCSA (GWL) for any unpaid portion (along with all Explanation of Benefits documents).</li> </ul>
<p><b>Dental Claims</b> (if you have no spousal dental coverage)</p>	<ul style="list-style-type: none"> <li>Submit Dental claims to U of M Dental Plan (Blue Cross) first.</li> <li>Submit to U of M HCSA (GWL) for any unpaid portion (along with Blue Cross Explanation of Benefits).</li> </ul>
<p><b>Health Claims</b> (if you have no spousal health coverage)</p>	<ul style="list-style-type: none"> <li>Submit Health claims to U of M Health Plan (GWL) for reimbursement from both the Health Plan and your HCSA.</li> </ul>
<p><b>Visioncare Claims</b></p>	<ul style="list-style-type: none"> <li>For a Visioncare claim, if you have Visioncare coverage through your spouse's plan, the claim must be submitted to your spouse's plan first. You can then submit any unpaid portion to the U of M HCSA (along with all Explanation of Benefits documents).</li> </ul>

### Send your completed Claim Form to:

Great-West Life  
Winnipeg Benefit Payments  
P.O. Box 3050  
Winnipeg, MB R3C 0E6

**When submitting your claim form to GWL, be sure to attach copies of all applicable bills and receipts as well as copies of all applicable Explanation of Benefits documents from other insurers.**

### If you have questions about your claims, contact Great-West Life at:

- Toll Free: 1.800.957.9777

For the deaf or hearing impaired:

- Toll Free: 1.800.990.6654