

FOR CLAIMS REQUIRING FORM  
COMPLETION, REQUEST FORMS FROM  
CUSTOMER SERVICE:  
EHS Services/Medical Equipment/  
Supplies/Vision

**CLAIM SUBMISSION FORM  
Mandatory Declaration**

Do you have any other group insurance coverage that  
may include the claim as a benefit?

Yes  No

If yes, please indicate name of other insuring agency

If other coverage is Green Shield, indicate Green  
Shield Identification No.: \_\_\_\_\_

Submit Copies of Other Carrier's Statement along  
with copies of corresponding receipts.

Are any of the enclosed claims due to:

1. A work related injury Yes  No

2. A Motor Vehicle Accident Yes  No

If "Yes" please indicate the date of the accident (loss)

**PLEASE INCLUDE ORIGINAL  
PAID RECEIPTS**

PLEASE MAIL ALL HEALTH CLAIMS TO:

GREEN SHIELD CANADA  
P.O. Box 1699, Windsor, ON N9A 7G6

CUSTOMER SERVICE CENTRE

1 888 711-1119

Subscriber Surname:

Campus Name

\_\_\_\_\_

Students' Administrative Council, University of Toronto

Student Identification Number  
ie. (SAC123456789-00)

Patient's First Name  
(Only include names of patients  
with receipts attached.)

Year Month Day



Street Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Country \_\_\_\_\_

Postal Code 

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 Telephone 

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Subscriber signature \_\_\_\_\_

By signing this claim form and/or submitting actual receipts, I agree that the information provided is complete and accurate, to the best of my knowledge. I authorize Green Shield Canada to exchange information with other parties as required and only when the information is needed to administer this benefit claim and/or to confirm the accuracy of this information.



cut along dotted line

**GREEN SHIELD CANADA CLAIMS SUBMISSION INSTRUCTIONS**

Please call our Customer Service Centre at 1-888-711-1119 if you require any assistance in completing this form.  
Please ensure that you always provide your Student Identification Number in full, including suffix (ie. 00, 01, etc.)

FOR BENEFIT TYPE:	ALWAYS ENCLOSE THE FOLLOWING ITEMS WITH THE ABOVE CLAIM FORM:
Prescription Drugs	All itemized Prescription drug receipts from your pharmacist *Please note cash register receipts or credit card receipts alone are unacceptable
Paramedical Services (Physiotherapy, Chiropractor, etc.)	Itemized receipts showing <ul style="list-style-type: none"> <li>● patient name</li> <li>● individual date &amp; nature of treatment</li> <li>● charge for each service</li> </ul> *First claim for Massage therapy must include Physician's written approval
Durable Medical Equipment (including prosthetics or orthotics)	Itemized receipts showing <ul style="list-style-type: none"> <li>● patient name</li> <li>● a detailed description of the equipment</li> <li>● name &amp; address of supplier</li> <li>● date &amp; charge for each service</li> </ul> *Some medical equipment may require Physician's approval - call Green Shield for details
Extended Health - General	Itemized receipts showing <ul style="list-style-type: none"> <li>● patient name</li> <li>● a detailed description of services or supplies</li> <li>● provider's name &amp; address</li> <li>● date &amp; charge for each service</li> </ul> *Medical referral may be required for certain types of service or supplies