

Please answer all questions fully – it helps us to provide better service

Instructions - Insured member - complete Claimant's Statement; Team Manager or Administrator -complete Club Section at bottom of page 1. Attending Dentist - complete Dental Section on page 2.

Important - If the member is covered under any other Extended Health or Dental insurance plan, the expenses must be submitted to the Extended Health plan (Accidental Dental Benefit) and then to the Dental plan. If there is any unpaid balance, please attach their payment statement(s).

Claimant's Statement		Policy Number <u>1B730</u>
1. Insured Member's Full Name _____	2. Date of Birth <u> </u> D <u> </u> M <u> </u> Y	
3. If a minor, give full name of parent or guardian _____		
4. What is your occupation outside your sports activities? _____		
5. Name of Employer _____		
Address _____		
Number & Street	City	Province Postal Code
6. Name of Team for which you were playing _____		7. Type of Sport _____
8. Date of Accident <u> </u> D <u> </u> M <u> </u> Y		9. Where did accident occur? _____
10. Describe in detail how accident occurred _____		

11. Was it during an approved: <input type="checkbox"/> practice <input type="checkbox"/> game <input type="checkbox"/> travelling		12. Where was practice or game taking place? _____
13. Date first treated by dentist <u> </u> D <u> </u> M <u> </u> Y		
14. Name of Dentist _____		
Address _____		
Number & Street	City	Province Postal Code
15. Name(s) of other dentist(s) who treated you _____		
16. If treated in hospital, Name of Hospital _____		17. Date treated <u> </u> D <u> </u> M <u> </u> Y
18. Do you have coverage for any dental expenses under any other Hospital, Medical or Dental Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes, Plan Name _____ Company _____		Policy Number _____

I certify to the best of my knowledge that the statements made above are true, correct and complete.

_____ Claimant's Signature (or signature of Parent or Guardian if Claimant is a minor)	() Telephone Number	<u> </u> D <u> </u> M <u> </u> Y Date
Complete Address _____		
Number & Street	City	Province Postal Code

The furnishing of this form or its acceptance is not an admission of liability by the company or a waiver of any conditions of the policy.

Club Section		Policy Number _____
1. Name of Team _____	2. Name of League or Association _____	
3. What sport is team engaged in? _____		4. What date did player join team <u> </u> D <u> </u> M <u> </u> Y
5. Was the player a regular member at time of injury? <input type="checkbox"/> Yes <input type="checkbox"/> No		
6. Was the player injured doing an approved activity? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, an approved <input type="checkbox"/> practice <input type="checkbox"/> game <input type="checkbox"/> travelling		
_____ Authorized Signature		_____ Print Name
_____ Complete Address		_____ Official Position/Title
Number & Street	City	Province Postal Code
Telephone Number () _____		Date <u> </u> D <u> </u> M <u> </u> Y

