Boilermakers Lodge No. 191 Benefit Plan

4250 CANADA WAY, BURNABY, BC V5G 4W6
Tel: (604) 299-7482 Fax: (604) 299-8136 Toll-Free: 1-800-663-1356 www.datownley.com

Ехт	Complete form, attach receipts and forward to:					
Group/Policy No.		I.D./Certificate Nur	250 Canada Way, Burnaby, BC V5G 4W6 r submit by Fax: (604) 299-8136 r Email: health@datownley.com			
Member Last Name		First Name	Dire	Direct Deposit is available. Contact the Administrator for details.		
Member Address		Pha	PharmaCare Registration No.			
Ple	XPENSES BE ease include a ent Of Payme	all applicable nt from prin	e receipts. In o ne insurer alo	case of dual c	I, IN DATE ORDEI overage, send copies of receipts py if required.	
Name (Employee or Insured Dependent)	Relationship to Employee	Birth Date yr/mo/day	Date of Purchase yr/mo/day	Drug/Service Provided		Amount Charged
						\$
					Additio	nal space on reverse
NOTE: Birthdate for all depe If dependent is age 21 or olde	er,	dren) must be giver	n. Schoo	l:	Addition	Tial space of reverse
indicate school he/she is atte		Part Time				
Are any benefits or service If "Yes", indicate:	ces provided under	any other insura	nce or supplemen	tary health plan?	□ YE S	□NO
Policy No.: Name of Insured:			of insuring agency rtificate Number:	<u> </u>	Date of Birth (y/m/	d):
Are charges covered by the If "Yes", when did the clain	•		Plan?		□ YES	□NO

Office Use Only

 \square NO

I understand that D.A. Townley collects personal information to assess eligibility for benefits; to determine and adjudicate benefits, to determine the cost and financially manage these benefits, as well as to meet regulatory or contractual requirements relating to such benefits and related services provided. I certify that the above statements are correct and hereby authorize any physician, hospital, employer, union or insurance company to release to D.A. Townley any additional information required in connection with this claim. The information released through this authorization will be used for claims adjudication purposes and statistical analysis.

Are any of the above expenses the result of a motor vehicle accident/Workers Compensation claim?

If "Yes", please specify and explain:

★Member Signature:	Date:
** **********************************	

Name (Employee or Insured Dependent)	Relationship to Employee	Birth Date yr/mo/day	Date of Purchase yr/mo/day	Drug/Service Provided	Prescription DIN	Amount Charged
						\$

Please complete the reverse side of this form IN FULL and send together with all applicable receipts to:

BOILERMAKERS LODGE NO. 191 BENEFIT PLAN 4250 Canada Way Burnaby BC V5G 4W6

or submit by Fax: (604) 299-8136

or Email: health@datownley.com

www.boilermakerslodge191benefits.org

Direct Deposit is available. Contact the Administrator for details.