

Hosted by the Boilermakers' National Health Plan (Canada)

Phone: 1-800-263-3564 Fax: 905-946-2535

Office Use Only

PharmaCare Registration No.

*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

2255 Sheppard Ave. E, Atria 1, Suite 201, Toronto, ON M2J 4Y1

or submit by Fax: 905-946-2535

or Email: questions@boilermakers191benefits.org