## 1. Identification of participant

As indicated	Group No.   Identification No.
on your insurance certificate	Or Policy No.
	Last name First name
Check all the appropriate boxes	This claim concerns the: ☐ Participant ☐ Spouse ☐ Child(ren)
Complete this section only if	
section only if your contact information has changed	

Spouse							
1 ~	Last name	Last name			First name		
	Date of birth (YYYY/MM/DI	0)					
	Dependent children Last name, first name		Date of birth (YYYY/MM/DD)	Full- time student	Complete this section if you are submitting claim for a child over age 17 or 20, depending on your group insurance contrated Start date of the school year (YYYY/MM/DD)  End date of the school year (YYYY/MM/DD)		
La Capitale Civ	vil Service Insurer Inc. reserves the	right to ask you for writte	n proof from the instit	ution attende	ed at any time		
Claimed	expenses						
Refer to you	ur booklet for details of eli	gible expenses. Atta	ach your original	receipts.			
	Prescription drug	· .					
Total amou	expenses nt \$	Other expenses	\$	<u>L</u> \$			
receipts							
	r dependent children are s verage: 🏿 Individual 🗳				ent whose birthday fa	alls first in the year.	
Name of insure	er -		Insurance start da	te (YYYY/MM	1/DD)		
Health sp	ending account - Com	olete this section if this	s coverage is indica	ted on your	service card.		
	t any unpaid portion of you					ccount? 🖸 Yes 🗖 N	
,	3 1 1 3	•		J	, ,		
Direct de	posit – Complete this sectio	n if you wish to registe	r for or modify your	account.			
La Capitale your benefi acceptable	Civil Service Insurer Inc. pr ts directly. To register for c document.	efers to reimburse e or modify your accou	expenses by direct unt, <b>please enclo</b>	t deposit. se a chequ	It is a <b>fast</b> , <b>easy</b> and s ue specimen marked	secure way to receiv "Void" or any other	
on the e	authorize La Capitale Civi nclosed document. eposit account change, if a		c. to deposit my h	ealthcare	e benefits into my bai	nk account indicate	
_ Direct de	eposit account change, in a	all eady erifolied.					
Participant's sign	gnature		Date (YYYY/MM/D	D)			
			53.5 (1111/WIIV/D	-,			
	nt's declaration						
	that all the information prodisclose any relevant inform				norize any person ass	ociated with this	
	,						
X Participant's sig			Date (YYYY/MM/D				