Public Service Health Care Plan (PSHCP) Claim Form
Out-of-Country Claims (Comprehensive Coverage)

Sun Life Financial

PROTECTED once completed. **Ce formulaire est disponible en français.**

Clear

Please read all instructions and information; make sure that all sections are complete and accurate or this claim will be returned to you.

Contract number **055555**

1 Member information

Last name	First name		Certificate number
Date of birth (yyyy-mm-dd) – –	Language preference ☐ English ☐ French	Gender ☐ Male ☐ Female	Home telephone number – –
Permanent address (street number and name)			Apartment or suite
City	Province/Territory	Country	Postal code

2 Coordination of benefits

Your claim will be adjudicated based on the coordination of benefits information you provided about yourself and your eligible dependants during positive enrolment. Any discrepancies could result in a delay in payment.

If your spouse is a member of another group health care plan, he/she must submit his/her expenses under that plan first.

Is your spouse a member of the PSHCP or another plan administered by Sun Life Financial? ☐ Yes ☐ No If yes, provide details below.	Does your spouse authorize us to process this claim under his/her certificate number? ☐ Yes ☐ No If yes, provide details below.
Last name of spouse	Gender ☐ Male ☐ Female
Spouse's contract number	Spouse's certificate number
Signature of spouse X	

3 Complete if claiming expenses for your spouse or dependant children

First name	Last name	Date of birth (yyyy-mm-dd)	Relationship to you
		– –	☐ Spouse ☐ Daughter ☐ Son ☐ Other
		– –	☐ Spouse ☐ Daughter ☐ Son ☐ Other
		– –	☐ Spouse ☐ Daughter ☐ Son ☐ Other
		– –	☐ Spouse ☐ Daughter ☐ Son ☐ Other

4 Information about your claim

Please complete this section if you are living outside of Canada and have "Comprehensive Coverage" under the PSHCP. The Comprehensive component of this plan is administered by Allianz Global Assistance on behalf of Sun Life Assurance Company of Canada.

Attach original receipts for each expense claimed.

Part A – Prescription Drug Expenses

Patient's first name	Last name	Prescription drug name	
Date purchased (yyyy-mm-dd) – –	Country	Type of currency	Amount charged $
Patient's first name	Last name	Prescription drug name	
Date purchased (yyyy-mm-dd) – –	Country	Type of currency	Amount charged $
Patient's first name	Last name	Prescription drug name	
Date purchased (yyyy-mm-dd) – –	Country	Type of currency	Amount charged $

300H-55555-E-12-11 (G5003-E)

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4 Information about your claim (continued)

Please note that only reimbursements made in Canadian dollars can be directly deposited to the bank account provided to Sun Life.

Part A – Prescription Drug Expenses (continued)

Patient's first name	Last name	Prescription drug name	
Date purchased (yyyy-mm-dd) – –	Country	Type of currency	Amount charged $
Patient's first name	Last name	Prescription drug name	
Date purchased (yyyy-mm-dd) – –	Country	Type of currency	Amount charged $

Please complete this section if you are living outside of Canada and have "Comprehensive Coverage" under the PSHCP. The Comprehensive component of this plan is administered by Allianz Global Assistance on behalf of Sun Life Assurance Company of Canada.

Attach original receipts for each expense claimed.

Part B – Other Medical Expenses

Patient's first name	Last name	Type of expense	Name of hospital or practitioner
Date of service (yyyy-mm-dd) – –	Country	Type of currency	Amount charged $
Patient's first name	Last name	Type of expense	Name of hospital or practitioner
Date of service (yyyy-mm-dd) – –	Country	Type of currency	Amount charged $
Patient's first name	Last name	Type of expense	Name of hospital or practitioner
Date of service (yyyy-mm-dd) – –	Country	Type of currency	Amount charged $
		Total amount claimed (Part A & Part B)	$

5 Authorization and signature

Definition of spouse: A spouse means the person who is legally married to the member, or a person with whom the member has lived for a continuous period of at least one year, whom the member has publicly represented to be their spouse and continues to live with as if that person were their spouse, as designated by the member.

By signing below, I certify that all goods and/or services being claimed have been received by me, my spouse or my eligible dependant children. I certify that, to the best of my knowledge, the information in this form is true and complete and does not contain a claim for any expense previously paid for by this or any other plan. I also certify that all claimants on this form continue to meet the plan eligibility requirements. I acknowledge and agree that the terms of my Positive Enrolment "Consent to release of personal information" apply to this claim.

I hereby authorize Sun Life, its agents and service providers to collect, use and disclose information about me, my spouse and my dependants to other persons and organizations including health professionals who have, or require, relevant personal information about me, my spouse and my dependants pertaining to this claim for the purposes of administration, audit, paying claims and patient safety.

Member signature	Date (yyyy-mm-dd)
X	– –

Keeping your information confidential

At all times, the information collected will be protected under the provisions of the *Personal Information Protection and Electronic Documents Act (PIPEDA)*.

Mailing instructions – keep a copy of this form for your records

Keep a copy of your claim form and receipts for your records, since Allianz Global Assistance will not return the originals.

Allianz Global Assistance
Public Service Health Care Plan
PO Box 880
Waterloo ON N2J 4C3
CANADA

To print a new claim form, or use the online version, visit **www.pshcp.ca** or **www.sunlife.ca/pshcp**.
Interested in receiving your payment via direct deposit? Want to know the status of your claim? Other questions?

Visit our website at www.sunlife.ca/PSHCP

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