canada life™

VISION CARE STATEMENT OF CLAIM
LiUNAcare LOCAL 506

MAIL ALL CLAIMS TO: *LiUNAcare LOCAL 506*
3750 Chesswood Drive – Suite 1
Toronto, ON M3J 2W6
CLAIM ENQUIRIES: *416-506-8841*

PLEASE ATTACH THE PAID RECEIPT

To be completed by member

Employer	Employer location (city and prov.)		
Member's Name	Policy No. **177709**	Identification No.	Date of Birth Mo. Day Yr.
Member's Address No. and Street City Prov. Postal Code			Telephone No.
If Dependant Claim, Name of Dependant	Relationship		Date of Birth Mo. Day Yr.

DO YOU HAVE ANY OTHER VISION CARE COVERAGE? ☐ YES ☐ NO ☐ IF YES, PLEASE COMPLETE:

INSURER'S NAME _____ GROUP NO. _____ POLICY NO. _____ EMPLOYER'S NAME _____

IF YES, AND CLAIM IS FOR A DEPENDENT CHILD, PLEASE INDICATE SPOUSE'S DATE OF BIRTH _____

☐ Initial Claim
☐ Subsequent Claim

Date Signature of Member

TO BE COMPLETED BY SUPPLIER

Prescribed by ☐ Ophthamologist ☐ Optometrist **Is this a change in prescription?** ☐ Yes ☐ No

Prescription Details

		Sphere	Cylinder	Axis	Prism	Base	P.D.	Seg Height	Frame and Colour		
R							FAR		Eye Size	DBL	Temple
L							NEAR				
			Tint (Specify Colour & No.)		Type of Bifocal		Type of Trifocal		Manufacturer of Supplier		
ADD	R		1 2								
	L										

☐ Plastic ☐ Heat Hardened ☐ Chemically Hardened

For additional information re complications ect.

Breakdown of extra charges: (e.g. oversize, photogrey, case, ect.)
Miscellaneous:
1. _____ $ _____
2. _____ $ _____
3. _____ $ _____
4. _____ $ _____
Total _____

Transfer items to misc. below Amount:

Supplier Day Month Year
Date of service

Name

Address

City/Town Prov. Telephone No.

Postal Code

☐ Optometrist ☐ Optician

Charges
Frames
Lenses
Fee
Misc. 1.
Misc. 2.
Misc. 3.
Total

At Canada Life, we recognize and respect the importance of privacy. Personal information that we collect will be used for the purposes of assessing your claim and administering the group benefits plan. I authorize Canada Life, any healthcare or dentalcare provider, my plan administrator, other insurance or reinsurance companies, administrators of government benefits or other benefits programs, other organizations or service providers working with Canada Life located within or outside Canada, to exchange personal information when necessary for these purposes. I understand that personal information may be subject to disclosure to those authorized under applicable law within or outside Canada.

I also consent to the use of my personal information for Canada Life and its affiliates' internal data management and analytics purposes.

For a copy of our Privacy Guidelines, or if you have questions about our personal information policies and practices (including with respect to service providers), write to Canada Life's Chief Compliance Officer or refer to canadalife.com

Plan Member's Signature _____ Date _____

YOUR CLAIM CANNOT BE PROCESSED UNLESS ALL QUESTIONS ARE ANSWERED IN FULL

M635D(177709-1)-3/21

Clear