

SSQ, Insurance Company Inc.
 1225 St-Charles Street West, Suite 200 • Longueuil (QC) • J4K 0B9
 Fax : 1-855-690-9895
 Email: claims.spgroup@beneva.ca

1. Statement of the Participant

1.1. Policy No.: _____ 1.2. Certificate No.: (if known) _____

1.3. Participant Name _____ 1.4. Date of Birth _____
First Name Last Name D M Y

1.5. Dependent's Full Name (if applicable)	Relationship to Participant	Date of Birth
_____	_____	D M Y
_____	_____	D M Y
_____	_____	D M Y
_____	_____	D M Y

(if space is insufficient, please use a separate sheet of paper)

1.6. Name and address of post-secondary school he/she is currently attending if dependent child is age 21 or older.
 Please include Proof of Registration/Enrollment

1.7. Complete Address in Canada _____
Street City Province Postal Code

1.8. Complete Address outside Canada _____

1.9. Email Address _____

1.10. If Expatriate – indicate date of departure from place of posting _____
D M Y
 expected date of return to place of posting _____
D M Y

1.11. Are you eligible for benefits under a Provincial Health Plan? Yes No
 Are your dependents eligible for benefits under a Provincial Health Plan? Yes No
 Do you have any other medical plan? Yes No If "Yes", please complete the following :
 Name of eligible family member : _____ Relationship : _____
 Name of Insurance Company administering the Plan _____
 Policy Number _____ Type of insurance _____

2. Direct deposit

Please provide the following information if you would like your claim payment deposited to a **Canadian** bank account:

Bank # _____ Transit # _____ Account # _____ **Please attach a "Void" cheque**

For a direct deposit in a foreign currency, please complete the *Authorization Direct Deposit/ Bank Transfer* form.

3. Remit Payment to Provider

(To be completed by the employee if cheque is to be made payable to the Provider)

I hereby assign to _____ benefits payable to me, but not to exceed the charge for the services described on this claim form. I understand that I am financially responsible for charges not covered by this assignment. I certify to the best of my knowledge that the statements made are true, correct and complete.

Signature of Participant _____ Date _____ Telephone Number _____
D M Y ()

