

Public Service Health Care Plan

Comprehensive Claims Incurred Outside of Canada Claim Form



THIS IS A: ☐ Claim for benefits ☐ Pretreatment/estimate

PART 1 – Instructions

Please use this form to submit Comprehensive claims incurred outside of Canada to MSH International for reimbursement.

- 1. Complete page 1 and 2 of this form in full.
- 2. Attach receipts for all services and retain copies for your files as original receipts will not be returned.
- 3. Send to MSH International. See PART 10.

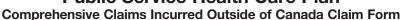
All claims under the Public Service Health Care Plan (PSHCP) must be submitted through the plan member. We may disclose personal information about claims with your employer, your service provider and /or a person acting on your behalf when necessary to confirm eligibility and to mutually manage the claim.

								-		
PART 2 – Plan me Public Serv	ember information vice Health Care Plan (P	1 - You must SHCP) benef	complete this it card, the Ca	section fully. I nada Life PSH	f you are ICP Mem	unsure of ber Servic	your plan es websit	or certificate numb e or Part 10 for ou	per, please see your contact information.	
Plan name Public Service He	ealth Care Plan	Plan numb	er			Plan me	mber certif	icate number		
Plan member name										
First name				Last name						
Plan member addre	ss									
Number and street				City o	r town		Province	e/Territory/State	Postal/Zip Code	
Country	Date o	f birth Day	Month	Ye	ear					
PART 3 – Coordin	ation of benefits	- Complete t	this section to	indicate whetl	ner you oı	r any mem	ber of you	ur family have bene	fit coverage under	
1. Are you or any mem		•	ther health ins	surance plan	for the ex	penses b	eing clair	med? 🗌 Yes 🔲 I	No	
If yes, please answer the questions below.										
2. Who does the other insurance belong to? Self Spouse or common-law partner Dependant child										
First name Last name Last name S. If the other insurance plan belongs to your spouse or common-law partner and the claimant is a dependant child, please provide your spouse or										
common-law partner's date of birth. Day Month										
4. Is the other insurance also with Canada Life? \[\subseteq \text{Yes} \] No										
If yes, please provide: Canada Life plan number Certificate number										
Other insurance plan member's signature of authorization: X										
* If other insurance is not with Canada Life and you have submitted these expenses to your other insurer, please attach to this claim the Explanation										
of Benefits (EOB) provided by the other insurer. An EOB is required even if no benefits were paid by other insurance.										
** We assess claims using the information you provided during Positive Enrolment, any discrepancies may delay our assessment of your claim.										
PART 4 – Informa	tion about your c	laim - Com	plete this sec	ction to provic	le us add	itional info	ormation	about your claim.		
4. In the above to see the		D.V.	. DN.							
1. Is treatment required as a result of an accident? Yes No Date of accident: No Year										
Accident type: Motor vehicle Workplace If other, please explain.										
PART 5 – Claimar	nt information - Co	omplete for a	ıll expenses; o	one line per cl	aimant.					
								If dependent	child is between	
Claimant name		Claimant's relationship to plan member		Claimant's date of birth			21 and 25 years old, are they a full-time student?			
- Giaman			Spouse or			S t. 1		1011		
First name	Last name	Self	common-law partner	Dependant child	Day	Month	Year	Yes	No	
					-					

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Public Service Health Care Plan





PART 6 - Claim details - If additional space is needed, attact	n a separate page.		
Claimant name - First and last name	Type of expense		Amount claimed
PART 7 - Vision care expenses - Complete this section or	nly if glasses/lenses were required	due to accident or su	rgery
Claimant's name:			
Day Month Year			
Date of accident/surgery:			
Details of accident/surgery:			
PART 0 R :			
PART 8 – Privacy			
At Canada Life, we recognize and respect the importance of privacy. Pe			
claim and administering the group benefits plan. Please refer to the PSI			
plans/health-care-plan/public-service-health-care-plan-privacy-statemen			
Where there is a difference between the Privacy Act (//laws-lois.justice.			
guidelines, Canada Life will apply the most stringent requirements. For a information policies and practices (including with respect to service pro			
information policies and practices (including with respect to service pro-	viders), write to Gariada Life's Grief	Sompliance officer of t	Cici to <u>canadame.com</u> .
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PART 9 – Confirmation, Authorization and Signatur	е		
I authorize Canada Life, any healthcare or dentalcare provider, my plan			
companies, administrators of government benefits or other benefits pro			
within or outside Canada, to exchange personal information when nece		nd that personal inform	ation may be subject to
disclosure to those authorized under applicable law within or outside Call also consent to the use of my personal information for Canada Life and		ant and analytics purp	0000
In accordance with the Positive Enrolment Authorization and Declaratio			
accepted during the completion of Positive Enrolment (refer to your Positive Enrolment)			
collection, use and disclosure of personal information as set out in the l			
For the purposes of appeals, audits, or in the case of overpayments an			
Canada Life may disclose personal information related to such paymen			
PSHCP Administration Authority. The Plan Sponsor/Treasury Board of C			
so that the overpayments and/or erroneous payments and associated i	nterest (if applicable) can be deduct	ed or set-off from any i	money due or payable to
me by His Majesty.		-l	
I certify that the information given on this claim form is true, correct and claimed have been received by me, my spouse and/or my dependants;			
The submission of fraudulent claims is a criminal offence. Canada Life t		-	
be reported to your employer or plan sponsor and to the appropriate la		- ,	·
		Date Day	Month Year
Plan member signature X		Date Day	

PART 10 - Submitting your claim

Please send your claim to MSH International:

ONLINE

pshcp-msh.ca

Create an account and upload your required documents.

Your information is automatically saved and can be reviewed at any time.

MAIL

MSH International PO Box 4903 Stn A Toronto ON M5W 0B1

Questions? Call MSH International:

North America, call toll free 1-833-774-2700 International, call collect 1-365-337-7427



Deaf or hard of hearing and require access to a telecommunications relay service?

Please contact us:

TTY to Voice: 711 • Voice to TTY: 1-800-855-0511

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