

PART 1 – Instructions

Please use this form to submit your application for brand name prescription drug coverage to Canada Life.

1. Complete parts 2 and 4 in full and have your attending physician or nurse practitioner complete part 5.
2. Please apply for coverage through the appropriate provincial/territorial health program before submitting this application to Canada Life (if applicable).
3. Send to Canada Life. See part 6.

Please note that physician's fees for providing medical information are not covered under the Public Service Health Care Plan (PSHCP).

All forms under the 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 your assessment.

PART 2 – Plan member and patient information - You must complete this section fully. If you are unsure of your plan or certificate number, please see your Public Service Health Care Plan (PSHCP) benefit card, the Canada Life PSHCP Member Service website or part 6 for our contact information.

Plan name Public Service Health Care Plan	Plan number	Plan member certificate number
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Plan member name

First name	Last name
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Plan member address

Number and street	City or town	Province/Territory/State	Postal/Zip Code	
Country	Date of birth	Day	Month	Year

Patient name

First name	Last name	Date of birth	Day	Month	Year
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PART 3 – Privacy

Canada Life recognizes and respects the importance of privacy. Personal information collected is used for the purposes of assessing eligibility for this drug and for administering the group benefits plan. For a copy of our Privacy Guidelines, or if you have questions about Canada Life's personal information policies and practices (including with respect to service providers), refer to canadalife.com or write to Canada Life's Chief Compliance Officer. Please refer to the [PSHCP Privacy Statement \(canada.ca/en/treasury-board-secretariat/services/benefit-plans/health-care-plan/public-service-health-care-plan-privacy-statement-september-2009.html\)](http://canada.ca/en/treasury-board-secretariat/services/benefit-plans/health-care-plan/public-service-health-care-plan-privacy-statement-september-2009.html) for further information on how your privacy is protected. Where there is a difference between the [Privacy Act \(//laws-lois.justice.gc.ca/eng/acts/P-21/\)](http://laws-lois.justice.gc.ca/eng/acts/P-21/) and the PSHCP Privacy Statement and Canada Life's Privacy guidelines, Canada Life will apply the most stringent requirements.

PART 4 – Confirmation, authorization and signature

I authorize Canada Life, any healthcare or dentalcare provider, my plan sponsor, the Federal PSHCP Administration Authority, 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 acknowledge that the personal information is needed to assess eligibility for this drug and to administer the group benefits plan. I acknowledge that providing consent will help Canada Life to assess my claim and that refusing to consent may result in delay or denial of my claim. This consent may be revoked by me at any time by sending written instruction to that effect.

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

If the patient is a person other than myself, I confirm that the patient has given their consent to provide their personal information and for Canada Life to use and disclose it as set out above.

In accordance with the [Positive Enrolment Authorization and Declaration \(welcome.canadalife.com/pshcp/review-authorizations-and-declarations.html\)](http://welcome.canadalife.com/pshcp/review-authorizations-and-declarations.html) accepted during the completion of Positive Enrolment (refer to your Positive Enrolment Record if you completed Positive Enrolment by paper), I agree to the collection, use and disclosure of personal information as set out in the Privacy section, Canada Life's Privacy guidelines and the PSHCP Privacy Statement.

I certify that the information given on this claim form is true, correct and complete to the best of my knowledge. Failure to provide true, correct and complete information on this form could result in revocation of any approval decision, a requirement to repay paid claims or other appropriate action.

Plan member signature X _____	Date	Day	Month	Year
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PART 5 – Patient medical information - To be completed by the attending physician or nurse practitioner.

Name of attending physician or nurse practitioner

Name		Specialty	Registration number	
Number and street		City or town	Province/Territory/State	Postal/Zip Code
Telephone number (including area code)		Fax number (including area code)		
Brand name drug requested	DIN	Dosage/frequency		

Is the patient currently on the brand name drug? Yes No
 Has the patient tried at least one interchangeable generic for the brand name prescription drug requested?
 Yes, please complete questions below.
 No, please provide clinical details as to why the patient cannot try an interchangeable generic.

Generic drug prescribed	DIN	Dosage/frequency
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Description of adverse reaction (nature, extent, severity)

Anticipated duration of therapy	Attending physician or nurse practitioner signature	Date	Day	Month	Year
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PART 6 – Submitting your application


Please send the completed form to:

MAIL
Drug Claims Management
The Canada Life Assurance Company
PO Box 6000 Winnipeg MB R3C 3A5

FAX
Drug Claims Management
1-204-946-7664

EMAIL
cldrug.services@canadalife.com

Questions?
Call toll free 1-855-415-4414
Monday to Friday from 8 am to 5 pm, your local time or sign in to your account on the Canada Life PSHCP Member Services website at canadalife.com/pshcp and go to the Contact Us page.

 **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