



You may fill out the form online and print it or print the form and fill it out by hand.

EMPLOYEE STATEMENT

Group Contract Number \_\_\_\_\_ Certificate Number \_\_\_\_\_
Employer \_\_\_\_\_
Employee Last name and given name \_\_\_\_\_
Date of Birth : day \_\_\_\_ / month \_\_\_\_ / year \_\_\_\_ Sex F  M 
Employee Address: \_\_\_\_\_

WOULD YOU LIKE YOUR CLAIMS PAYMENTS DEPOSITED DIRECTLY INTO YOUR BANK ACCOUNT? Yes , I am attaching a void cheque in order to benefit from that service. Once you have provided a void cheque, only send another void cheque if you change your bank information.

COORDINATION OF BENEFITS

- 1. Does your spouse and/or children have coverage under any other medical plan or contract?
2. Is any expense the result of an accident?
3. If this claim is for a child 21 years of age or older, please indicate the following:

DRUGS, VISION CARE, PARAMEDICAL SERVICES AND OTHERS - PATIENT INFORMATION

Table with columns: Patient's name, Date of birth (Day, Month, Year), Relationship to plan member, Total charge, and REMINDER. Includes a 'TOTAL FEE SUBMITTED' row.

PRESCRIPTION DRUGS

Please attach your original receipts to the back of this form. All drug receipts must contain the drug identification and the name of the prescription drug.

VISION CARE - ASSIGNMENT OF BENEFITS

Name and address of provider:
PROVIDER
Telephone:
I hereby assign my benefits payable from this claim to the named provider and authorize payments directly to him/her.
Signature of employee
Date

AUTHORIZATION

Personal information we collect from you is kept in strict confidence and will be used to assess your claim and to administer the group benefit plan. I authorize the use of my certificate number as an identification number where it is required in the administration of my group benefit plan.

I certify that the information given is true, correct and complete to the best of my knowledge.

Signature of employee \_\_\_\_\_ Date \_\_\_\_\_

MAIL YOUR COMPLETED FORM TO THE FOLLOWING ADDRESS:

Cowan Insurance Group
700-1420 Blair Place
Ottawa, Ontario K1J 9L8
Telephone: 1-888-509-7797 or 1-613-741-3313