

INTERNATIONAL STUDENT INSURANCE CLAIM

SRG9127261C YRD

How to fill out this form

- Make sure that all of your personal information is entered, including how to contact you
- Make sure all medical questions are answered
- Make sure we know who to make payment to
- **Make sure to sign the authorizations on the back of this form**

Claims Management & Assistance By:

Chartis

Claims cannot be paid without a fully completed, signed claim form.

Name of Insured: _____ Given Name _____ Family Name _____ Sex M F

Policy Number: _____ Passport Number: _____ Home Country: _____

Address: _____ Apt. #: _____

City: _____ Province: _____ Postal Code: _____

Home Phone: (____) _____ Other Phone: (____) _____ Email: _____

Date of Birth: YY / MM / DD Arrival Date in Canada: YY / MM / DD Planned Departure Date: YY / MM / DD

Are you covered under any other health insurance? Company: _____ Policy No.: _____

Information on your regular physician in your home country – Name: _____

Phone Number: _____ Fax Number: _____

Address: _____

CLAIM DETAILS

Please fill in the following details in plain English (no diagnostic codes, DIN numbers, etc.):

Name of Provider	Description of Illness/ Injury and Diagnosis	Date of Service	Fees Billed (\$ CAD)	Paid (\$ CAD)
		YY / MM / DD		
		YY / MM / DD		
		YY / MM / DD		
		YY / MM / DD		
		YY / MM / DD		
		YY / MM / DD		

If your claim is related to pregnancy, please provide the date of your last menstrual period: _____

This claim is payable to: the insured person a parent/guardian (indicate name) the facility the attending physician otherIndicate name if parent/guardian or other: _____ **Attach all original invoices and/or receipts.****Attending Physician:** _____ Institution: _____

Phone: (____) _____ Fax: (____) _____ Email: _____

Address: _____

