

HOW TO CLAIM DENTAL INSURANCE BENEFITS

As soon as you or an insured dependent incur covered dental expenses:

- 1 Take this form to your dentist and have him/her complete the dentist's statement on the reverse side of this form.
- 2 Complete the employee statement and questionnaire. Please be sure you fully answer all questions.
- 3 Please sign and date the authorization section.
- 4 Under the co-ordination of benefits provision, if your spouse has coverage under another insurance plan, his/her charges must first be submitted under that plan. Charges for dependent children should first be submitted to the plan of the parent whose month and day of birth comes earlier in the calendar year (excluding the year of birth).
- 5 Mail the completed form directly to the claims office as indicated below.

REMINDER

Please refer to your employee booklet to confirm the amount of time you have to submit a claim.

This form must be completed in full. Incomplete forms will be returned to you, which will delay the processing of the claim.

DISCLOSURE

Great-West Life is committed to protecting the confidentiality of your personal information and will establish comprehensive safeguards to protect that confidentiality. Such safeguards include internal restrictions of access to your personal information by only individuals working for or on behalf of Great-West Life who have a need to know the information.

Any personal information you provide to us will be kept in a file established in our Group Life and Health Benefits Department and will only be used for the purpose outlined in your file and for which you have given your permission except where required by law, to protect the interest of Great-West Life or in the discharge of our public duty.

GREAT-WEST LIFE CLAIMS OFFICE

Please submit to:

Questions? Call Toll Free: 1.800.957.9777

Prince Edward Island Benefit Payments
47C Beach Grove Road
Charlottetown PE C1E 1K5



For the deaf or hard of hearing:
Toll Free: 1.800.990.6654