



Northern Ontario School of Medicine

OPSEU Local 677 PARAMEDICAL/BASIC DENTAL EXPENSE CLAIM FORM

SEND THIS COMPLETED FORM TO:

HUMAN RESOURCES UNIT
WEST CAMPUS

INSTRUCTIONS:

1. Attach the bills and receipts for all expenses and itemize them by providing all the information requested.
2. You must attach your "Explanation of Benefits" from Manulife illustrating exhaustion of the paramedical benefit entitlement (\$500) or basic dental entitlement (\$2,000) proving eligibility of this claim.

PART 1: MEMBER INFORMATION		
LAST NAME:	FIRST NAME:	PHONE NUMBER (work):
UNIT:	LOCATION: <input type="checkbox"/> WEST <input type="checkbox"/> EAST <input type="checkbox"/> OTHER _____	

PART 2: COORDINATION OF BENEFITS
Are you or any other member of your family entitled to benefits under any other plan? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, name of insured: _____
Relationship to employee: _____

PART 3: CLAIM DETAILS		
PATIENT NAME	TYPE OF EXPENSE	AMOUNT
TOTAL:		

PART 4: FOR HR USE ONLY	
Total Claim Amount: _____	Claim Approved: _____
Member Pays 40%: _____	Date Forwarded to Payroll: _____
NOSM Pays 60%: _____	GL Code: _____ - _____ - 51920- _____

Your reimbursement is a taxable benefit and will be included on a future pay advice under the name Paramedical/Dental Expense.

Personal information that we collect will be used for the purpose of assessing your claim and administering the group benefits plan.

I have exhausted my Manulife Benefit for paramedical benefit entitlement and/or basic dental entitlement and would like to apply for the NOSM coverage. I understand that NOSM will pay 60% of each member's combined paramedical and basic dental expenses to an annual maximum of \$1000.

MEMBER SIGNATURE DATE