



Please send completed forms to:

Kechnie Benefits
 262 Queen Street South
 Kitchener ON N2G 1W3
 T: 519 571-2020 | 866 710-7080
 F: 519 571-2424 | 866 710-7888

EXTENDED HEALTH CLAIM FORM

Section 1 Employee Information

		Male	Female	
Employee Last Name	Employee First Name	Sex		Date of Birth (M/D/Y)
Employee Address				
Employer/Company Name				

Section 2 Coordination of Benefits

Are you or any other family member entitled to benefits under any other plan? Yes No

If yes → Name of family member _____ Relationship to employee _____

Name of insurance company _____ Policy number _____

Are any of the services claimed required as a result of an accident? Yes No

If yes, are you seeking damages from a third party? Yes (if yes, attach details) No

Section 3 Claim Details

Please ensure that the drug name and drug identification number (DIN) appear on all pharmacy receipts and attach them to the back of this form. Please be sure to make a copy of claim form and receipts for your own files if needed.

ORIGINAL RECEIPTS MUST BE ATTACHED FOR ALL EXPENSES

Patient's name	Birth date (MM/DD/YY)	Relationship to Employee	Service type	Full-time Student	School	Amount
				<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
				<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
				<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
				<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
				<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
				<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
Total						\$

Section 4 Health Care Spending Account (If Applicable)

Please indicate if you would like any remaining balance paid from your Health Care Spending Account: Yes No

Section 5 Authorization and Signature

I certify that I and/or my dependents incurred these expenses and that the information given is true and complete.

Employee Signature

Date

At Kechnie Benefits we recognize and respect the importance of privacy and have always been committed to protecting your privacy and personal information. We will limit access of personal information for the purposes identified. We will not use, disclose, or retain personal information for purposes other than those for which it has been collected, except with the consent of the individual as required by law.

For Kechnie Office Use Only:

Date Received: _____ Date Processed: _____ Adjudicator Initials: _____