You must save the file on your hard drive prior to filling the form electronically.

CLAIM FORM
EXTENDED HEALTH CARE BENEFITS

Policy

médicassurance
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6700 Pierre-Bertrand Boulevard, suite 300, Québec (Québec) G2J 0B4
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INFORMATION ON THE PARTICIPANT

Lastname		Firstname
Address ○ Residence ○ Office		City
Province	Postal code	Telephone ○ Residence ○ Office

* PLEASE FILL OUT THIS FORM AND ENCLOSE ORIGINAL COPIES OF YOUR BILLS AND RECEIPTS.
THESE DOCUMENTS WILL NOT BE RETURNED. DUPLICATES SHOULD BE RETAINED FOR YOUR FILE.

Were expenses incurred following an accident? ○ YES ○ NO If yes, please specify :

Date	Place	Circumstances

Are the expenses submitted covered under any other nsurance contract? ○ YES ○ NO

Is your spouse covered under another health insurance contract? ○ YES ○ NO

If yes :
Contract no. Insurer's name

N.B.: The spouse who is covered by another health insurance plan must first submit his claim to his insurer. Afterwards, provide MédicAssurance with a copy of the receipts with a detailed account of benefits paid. Claims for children must be submitted to the insured of the parent (father or mother) whose birthday occurs first in the calendar year.

DECLARATION AND AUTHORIZATION

I certify that the expenses submitted were incurred following an illness or an accident and that my statements are true and complete. Furthermore, I authorize MédicAssurance to obtain from the medical practitioner and / or medical centre all pertinent information relevant to this claim.

Signature of the applicant (electronic signatures are not accepted)	Date of the signature (day / month / year)

PLEASE COMPLETE THE INFORMATION ON THE BACK OF THIS FORM.

IF YOUR ARE CLAIMING FOR A DEPENDENT CHILD AGED OVER 20 BUT UNDER 26, PLEASE PROVIDE THE FOLLOWING INFORMATION:

GIVEN NAME	NAME OF SCHOOL, COLLEGE OR UNIVERSITY ATTENDED	SEMESTER	FULL TIME	PART TIME
			○	○
			○	○
			○	○
			○	○

PLEASE INDICATE THE TOTAL AMOUNT SUBMITTED FOR EACH PATIENT, IN CHRONOLOGICAL ORDER.

GIVEN NAME	DATE OF BIRTH			SEX	RELATIONSHIP	AMOUNT SUBMITTED	DATE OF PURCHASE
			TOTAL			$0.00	

NOTE : for convenience, the masculine gender used in this document also includes feminine gender.