



CLAIM FORM FOR SCHOLARSHIP PROGRAM FOR DEPENDENT CHILDREN

Please use one form per dependent child

SECTION 1 - EMPLOYEE INFORMATION									
GREEN SHIELD NUMBER					EMAIL ADDRESS				
SURNAME			FIRST NAME		PHONE NUMBER				
ADDRESS					COMPANY NAME				
CITY			PROVINCE			POSTAL CODE			
SECTION 2 - STUDENT INFORMATION									
GREEN SHIELD NUMBER					EMAIL ADDRESS				
STUDENT'S NAME					DATE OF BIRTH _____ / _____ / _____ YY MM DD				
ADDRESS					*STUDENT'S SIN NUMBER				
CITY			PROVINCE			POSTAL CODE			
SECTION 3 - MANDATORY DECLARATION									
Do you have any other group insurance coverage that may include these services as benefits? YES <input type="checkbox"/> NO <input type="checkbox"/>									
If we are your secondary carrier, please attach copy of your Explanation of Benefit statement from your primary carrier.									
If other coverage is with Green Shield Canada, indicate other Green Shield Canada ID Number: _____									
Do you want to coordinate this claim with your other Green Shield Canada Coverage? YES <input type="checkbox"/> NO <input type="checkbox"/>									
NAME & ADDRESS OF COLLEGE OR UNIVERSITY									
PLEASE CHECK THE APPLICABLE BOXES BELOW:									
1. <input type="checkbox"/> DEGREE PROGRAM 2. <input type="checkbox"/> PART TIME STUDENT 3. DID YOU RECEIVE ANY SCHOLARSHIP OR BURSARY? <input type="checkbox"/> YES <input type="checkbox"/> NO									
<input type="checkbox"/> DIPLOMA PROGRAM <input type="checkbox"/> FULL TIME STUDENT									
<input type="checkbox"/> CERTIFICATE PROGRAM IF YES, PLEASE PROVIDE AMOUNT \$ _____									
SECTION 4 - COURSE PROGRAM INFORMATION									
NAME OF DEGREE / DIPLOMA PROGRAM	PROGRAM NUMBER	TERM						TOTAL COURSE LOAD THIS TERM	TUITION COSTS US OR CDN
		START			END				
		YY	MM	DD	YY	MM	DD		
Does not include books, parking fees, late fees or other educational expenses									
STATEMENT OF CONDITIONS:									
<ul style="list-style-type: none"> • Student is a dependent child as defined by the client, on the date the school term commences and a secondary school graduate in <u>full-time attendance</u> at post-secondary or post-graduate degree/diploma program at an accredited Canadian or U.S. university or community college. • The starting date of the academic program will determine the benefit year to which the payment will apply. (i.e. A school term commencing in September, will have a benefit year from September 1st to August 31st. • Claims will not be processed until the first day of school term to ensure eligibility. • Claim must include an original paid fee statement or an original paid receipt which indicates student name, the term starting date, the student status (i.e. full term attendance or part-time), a breakdown of amount paid for both tuition and fees and a completed Green Shield claim form. • Claim payment will be made to the employee • Under Canada Revenue guidelines, these scholarships are taxable as income to the student. A T4A will be issued in the student's name by Green Shield no later than the end of February of the year following payment of the claim. • * The DEPENDENT'S SIN # is a requirement of Canada Revenue Agency for the purpose of T4A generation. 									
I certify that I was under obligation to pay this tuition expense. The amount claimed has not been waived or reimbursed or paid through any other scholarship, assistance program or subsidy unless otherwise stipulated above.									
SIGNATURE OF PLAN MEMBER					DATE				

SECTION 5 - AUTHORIZATION AND CONSENT

At Green Shield Canada (“GSC,” “we,” “us” or “our”), respecting and protecting the privacy and confidentiality of your personal information is a priority. In order to provide you with the services for which we have been engaged, we need you to understand, and consent to, a few things. We may collect/receive from you or other parties and use, share, disclose and process your personal information and, if applicable, that of your spouse, children and other dependents (collectively, “you” or “your”), which may include name, age, claims history, income, email address, service providers that may have been used and banking information. We may do this for various purposes related to the administration of your benefits plan and to provide you other products and services, including but not limited to: benefits coordination with other carriers; administration and adjudication of claims; auditing, investigating, and taking steps connected to the prevention or suppression of suspected or proven improper or fraudulent claims; identity checks; billing and collection of premiums; medical underwriting; communication with other service providers, communication with third parties to confirm the accuracy of claims, provide contracted services, or for health management purposes or programs; collecting information about services that are provided, analyzing data, including information on how you use our products and services, to help us make informed decisions and improve the products and services we offer; determining if there are other products and services that you might be interested in, and sending you details about them; compliance with applicable laws and regulations; and such other activities that a reasonable person would consider associated with the administration of your benefit plan. In carrying-out these purposes, we may collect, receive, share or disclose your personal information with others outside of GSC, including, but not limited to: your employer, sponsor(s) of your benefit plan, and insurance advisors, if your benefits are provided through your employer’s group benefits plan; benefits providers (e.g. pharmacists, massage therapists); professional regulatory bodies (e.g. College of Pharmacists); government agencies; applicable law enforcement bodies (local, provincial and federal); industry drug pooling entities (e.g. Canadian Drug Insurance Pooling Corporation); GSC’s third party service providers who assist us in administering your benefits plan and providing you with other related products and services and such other third parties as may be appropriate or reasonably necessary in carrying out the purposes set out above. Although sharing of personal information is inherently risky, we implement commercially-acceptable procedures to secure and protect your personal information using appropriate technological, physical and organizational measures designed to protect personal information. In the event of an unauthorized release by us of your personal information, we will notify you in accordance with applicable privacy laws. More information about our privacy practices is available in our Privacy Policy at www.greenshield.ca, which is a necessary and integral part of this privacy consent. We may from time to time revise our Privacy Policy to reflect changes in, for example, legislation or regulation, or as we introduce new features, products or services. The most current version of the policy will govern how we process your personal data and will always be available on www.greenshield.ca. You can contact our Privacy Officer at privacy.office@greenshield.ca if you have a question or complaint.

By signing below, you are providing your consent to GSC’s collection, use and disclosure of your personal information as explained above, and you are acknowledging that you are authorized by your spouse, children and other dependents (if applicable) to disclose and receive their personal information, and to provide this privacy consent on their behalf. You agree that a photocopy, facsimile or electronic version of this consent will be as valid as the original. You can withdraw your consent at any time by providing notice in writing to GSC at privacy.office@greenshield.ca, but, if you do so, GSC will no longer be able to administer your benefits plan and process your claims.

 Name

 Signature

 Date
SECTION 6 - MAILING INSTRUCTIONS

ALL CLAIMS MUST BE RECEIVED WITHIN 12 MONTHS OF THE DATE OF SERVICE (unless otherwise stated in your benefit plan documentation). PLEASE ATTACH ALL ORIGINAL CORRESPONDENCE and retain copies for your files as original receipts will not be returned.

The cost, if any, of obtaining this information is at the expense of the Patient/Plan Member.

SCHOLARSHIP PROGRAM

P.O. BOX 1615
WINDSOR, ON
N9A 7J3

CUSTOMER SERVICE CENTRE 1-888-711-1119 or (519) 739-1133

greenshield.ca