



CHILDCARE CLAIM FORM

PLAN MEMBER INFORMATION				
Plan Member Name: First Last			Employer: Carleton University TA benefit plan	
Address:			Green Shield I.D. No. _____ CTA _____	
Note: Dependent must reside with you the student/TA in Canada to be eligible. Only Canadian childcare facilities are eligible.				
Do you have any other Childcare coverage? Yes <input type="checkbox"/> No <input type="checkbox"/> (If yes, attach copy of payment statement or denial letter from primary carrier.) If yes: - Other Green Shield plan? Yes <input type="checkbox"/> No <input type="checkbox"/> Green Shield I.D. No. _____ - Government Subsidy? Yes _____ or No _____				
CLAIM INFORMATION				
Claim Submission for: Start Date _____		End Date _____		
Child's Name	Date of Birth	Rate Charged	#hours being claimed for Child Care	Total Amount Charged
1.				\$
2.				\$
3.				\$
4.				\$
Total amount of Government or other subsidy for this period: \$ _____				
TO BE COMPLETED IN ALL CASES				
I CERTIFY THAT THE CHILDCARE SERVICES AS LISTED ABOVE ARE ACCURATE. I UNDERSTAND THAT THE CHARGES LISTED IN THIS CLAIM MAY NOT BE COVERED BY OR MAY EXCEED MY AGREEMENT BENEFITS. I UNDERSTAND THAT I AM FINANCIALLY RESPONSIBLE TO MY SUPPLIER FOR THE COST OF THOSE SERVICES. I AUTHORIZE RELEASE OF THE INFORMATION CONTAINED IN THIS FORM.				
_____ DATE (Y/M/D)			_____ PLAN MEMBER / PARENT OR GUARDIAN	
I CERTIFY THAT THE STUDENT TEACHING ASSISTANT HAS WORKED THE NECESSARY HOURS TO QUALIFY FOR THE CHILDCARE BENEFIT SUPPLY BY THE CUPE BENEFIT PLAN. Number of hours worked in the semester: _____ Semester (Fall, Winter or Spring): _____				
_____ DATE (Y/M/D)			_____ AUTHORIZED FACILITY SIGNATURE OR FACULTY SUPERVISOR	
I am authorized by my spouse and/or dependents to disclose and receive information about them that is used for these purposes. I understand that this information may be seen by the cardholder.				
By signing this claim form and/or submitting actual receipts, I agree that the information provided is complete and accurate. I understand that the information provided by me to Green Shield Canada about myself and my dependents, will be used by Green Shield Canada for claims adjudication and any other services necessary in the administration of our benefits which may include the exchange of information with other parties to administer this benefit claim.				
I further authorize Green Shield Canada to obtain and exchange information with other parties, such as health practitioners or insurers, in order to confirm the accuracy of the submitted claim(s) information. In the event of suspected fraudulent activity pertaining to claims submitted on behalf of myself and/or my dependents, I acknowledge and agree to the disclosure of this information to relevant parties, such as the Plan Sponsor, regulatory and law enforcement agencies.				
All claims must be submitted within 12 months of the date of service (unless otherwise stated in your benefit plan documentation).			The cost, if any of obtaining this information is at the expense of Patient/Guardian/Plan Member.	