

GENERAL CLAIM SUBMISSION FORM

TOTAL CLAIMED TOTAL	SECTION 1 - PL	AN MEME	BER II	VFOR	MATI	ON							
ADDRESS CITY PROVINCE PROSTAL CODE SECTION 2 - MANDATORY DECLARATION Do you have any other group insurance coverage that may include these services as benefits? YES NO Tives, please provide insurance comerge is with Green Shield Canada (Indicate other Green Shield Canada ID number: If other coverage is with Green Shield Canada (Indicate other Green Shield Canada ID number: Do you want to coordinate this dismit with your offer Green Shield Canada (ID number: Do you want to coordinate this dismit with your offer Green Shield Canada (ID number: Do you want to coordinate this dismit with your offer Green Shield Canada (ID number: Do you want to coordinate this dismit with your offer Green Shield Canada (ID number: Do you want to coordinate this dismit with your offer Green Shield Canada (ID number: To Coordinate this dismit with your offer Green Shield Canada (ID number: To Coordinate this dismit with your offer Green Shield Canada (ID number: To Coordinate this dismit with your offer Green Shield Canada (ID number: To Coordinate this dismit with your offer green Shield Canada (ID number: To Coordinate this dismit with your offer green Shield Canada (ID number: To Coordinate this dismit with your offer green Shield Canada (ID number: To FACILITATE CLAIMS PROCESSING: **POPESSING:** TO FACILITATE CLAIMS PROCESSING: **PLEASE NOTE:** **PLEASE NOTE:** **POPESSING:** TO FACILITATE CLAIMS PROCESSING: **PLEASE NOTE:** **PLEASE NOTE:**	GREEN SHIELD CANADA		EMAIL ADDRESS										
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