



EMERGENCY MEDICAL TRAVEL BENEFIT CLAIM FORM

SHEET METAL WORKERS (LOCAL 280)
HEALTH BENEFIT & PENSION PLANS

SUMBIT YOUR CLAIM BY:

MAIL 6192 KINGSWAY, BURNABY, BC V5J 1H5
FAX (604) 430-4691
EMAIL info@smw280benefits.ca

For prompt payment of your claim:

- ✓ SUBMIT ALL RECEIPTS AND DOCUMENTATION. **SEE REVERSE FOR REQUIREMENTS.**
- ✓ PLEASE READ AND COMPLETE ALL SECTIONS OF THIS FORM.

1. Member Information (refer to your PBC ID card)

MEMBER'S LAST NAME		FIRST NAME		DATE OF BIRTH		Year	Month	Day
						/	/	/
MAILING ADDRESS			CITY / PROVINCE			POSTAL CODE		
HOME PHONE NUMBER			CELL PHONE NUMBER			EMAIL ADDRESS		

2. Patient Information

PATIENT'S LAST NAME		FIRST NAME		DATE OF BIRTH		Year	Month	Day
						/	/	/
DIAGNOSIS (REASON FOR SEEKING TREATMENT)								
RELATIONSHIP TO MEMBER			DATE OF DEPARTURE			DATE OF RETURN		
NAME OF DOCTOR MAKING REFERRAL			NAME OF DOCTOR PATIENT REFERRED TO			NAME / RELATIONSHIP OF ATTENDANT (IF REQUESTED BY PHYSICIAN)		

3. If you have emergency medical travel coverage through another benefits carrier, please complete this section

Name of Benefits carrier		Address and Phone Number of benefits carrier	
Policy and ID Number	Name of Policy holder	Has a claim been submitted to this carrier? (if yes, please provide reimbursement details) <input type="checkbox"/> Yes <input type="checkbox"/> No	

ACKNOWLEDGEMENT AND CONSENT

I certify that the information contained in this and other documents supporting this claim is true and complete. By submitting this form, I understand I am requesting payment for the listed expenses, in accordance with my benefit plan guidelines. I understand that the expenses listed may not be covered by, or may exceed, my plan benefits.

I understand that the personal information provided on this claim form, as well as any other personal information held by Sheet Metal Workers (Local 280) Benefits Administration Office may be used or disclosed to administer my travel coverage and verify, assess and pay claims and audit/verify paid claims. I hereby acknowledge and agree that Sheet Metal Workers (Local 280) Benefits Administration Office may collect personal information about me and my plan dependents from licensed physicians and/or any other healthcare professionals or institutions, health benefits or insurance companies, government programs, and other third parties for the purposes outlined above and may disclose my personal information to these parties for the same purposes.

I understand that my personal information will be kept confidential and secure.

Signature of Member

Date

OVER

Eligibility:

Where in the written opinion of the attending physician treating you and/or your dependents as recognized by the Plan, adequate treatment is not available locally, transportation beyond a 160-km distance, by regularly scheduled airline to and from the nearest locale equipped to provide the required and recommended diagnosis and/or treatment by a physician and surgeon within 12 months of referral.

Making the Claim:

The office must receive the above within 60 days of the occurrence of the claim; Emergency Travel Assistance operating rules may be amended from time to time at the discretion of the Plan Trustees.

Documentation / letters required:

- Documentation of referral by attending physician or surgeon who recommended the referral – this must state the reason why treatment was needed out-of-town and if an attendant is required
- Documentation of the treatment by the physician or surgeon to whom the patient was referred (the out-of-town doctor)

Receipts required:

- Receipts for costs incurred for all modes of transportation (including fuel receipts)
- Receipts for costs incurred for accommodation and food
- **Credit card or interac receipts will not be accepted, the receipts must be itemized**

CLAIMS WITHOUT RECEIPTS OR REFERRALS WILL BE RETURNED AND WILL NOT BE REIMBURSED UNTIL ALL REQUIRED INFORMATION IS PROVIDED.

ITEM	MAXIMUM
The Plan will reimburse a maximum of six trips per family per year	
Transportation between airport and hospital/hotel	\$40.00 for day of arrival / \$40.00 for day of departure
Airfare	75% of an economy class airfare
Other modes of travel	75%
Fuel (if travel by car)	The lesser of 75% of cost of gas tank fill up receipts (including fill up on day of return) and the current CRA per km limit. No reimbursement will be made unless receipts submitted
Meals (<i>maximum 7 days</i>)	\$50.00 per day for an individual or \$100.00 per day for a family
Accommodation (<i>maximum 7 days</i>)	\$80.00 per day