MANULIFE FINANCIAL RIO TINTO ALCAN MEDICAL TRAVEL BENEFITS CLAIM FORM FOR RETIRED EMPLOYEES

MAILING ADDRESS:
Manulife Financial Group Benefits
P.O. BOX 2580
Montreal, Qc H3B 5C6

PLAN CONTRACT NUMBER: 38360
MEMBER CERTIFICATE NUMBER: 100_ _ _ _ _ _
MEMBER NAME (first, middle, last): _____
MEMBER ADDRESS: _____

PHONE: 1-866-377-7848 (Select Option 2 for Manulife)

PATIENT'S NAME	DATE OF BIRTH (dd/mmm/yyyy)	TYPE OF EXPENSE PLEASE REFER TO THE PN BC ANNEX FOR COVERED EXPENSES UNDER THE RIO TINTO ALCAN MEDICAL PLAN FOR RETIRED EMPLOYEES	DATE OF EXPENSE (dd/mm/yyyy)	AMOUNT PAID	NAME OF DOCTOR RECOMMENDING REFERRAL
		Transportation: Scheduled Air/Bus/Rail			
		Taxi or Bus Fares			
		Transportation: Private Automobile (Flat Rate Paid)			
		For expenses incurred on or after January 1, 2013			
		Return trip to Prince George(1232 km) = ~~$250~~ $275			
		Return trip to Vancouver (2612 km) = ~~$600~~ $625			
		Accommodation: Patient/Attendant			

IF YOU OR YOUR DEPENDENTS HAVE OTHER INSURANCE TO COVER THESE BENEFITS, WRITE THE NAME AND POLICY NUMBERS:

_____

_____

I thereby certify that these expenses were incurred by me and/or my dependents and that they have not been claimed with any other organization.

_____
SIGNATURE OF PLAN MEMBER

_____
DATE SIGNED

Is this claim as a result of an accident: ☐ Yes ☐ No
Is this an ICB or other auto insurance case? ☐ Yes ☐ No
Are you seeking damages from a third party? ☐ Yes ☐ No

ENCLOSE ALL ORIGINAL PAID RECEIPTS AND DOCTOR'S REFERRALS