

MANULIFE FINANCIAL RIO TINTO 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: _____ _____ _____
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PHONE: 1-866-377-7848 (Select Option 2 for Manulife)

PATIENT'S NAME	DATE OF BIRTH <small>(dd/mm/yyyy)</small>	TYPE OF EXPENSE <small>PLEASE REFER TO THE PN BC ANNEX FOR COVERED EXPENSES UNDER THE RIO TINTO ALCAN MEDICAL PLAN FOR RETIRED EMPLOYEES</small>	DATE OF EXPENSE <small>(dd/mm/yyyy)</small>	AMOUNT PAID	NAME OF DOCTOR RECOMMENDING REFERRAL
		Transportation: Scheduled Air/Bus/Rail			
		Airfare			
		Parking at the Terrace Airport (YXT)			
		Taxi/Bus Fares/Car Rental/Ride Share Services/Public Transportation			
		Transportation: Private Automobile (Flat Rate Paid)			
		For expenses incurred on or after July 24, 2021.			
		Return trip to Prince George (1232 km) = \$310.00			
		Return trip to Kelowna (2684 km) = \$700.00			
		Return trip to Vancouver (2612 km) = \$700.00			
		Accommodation: Patient/Attendant			

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

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

I hereby 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

ENCLOSE ALL ORIGINAL PAID RECEIPTS AND DOCTOR'S REFERRALS