
**Retail Wholesale Canada Multi-Employer
Dental Benefit Trust Fund
For Full-Time Employees
Dental Plan Claim Form**

Fund No. 31

CLAIM INSTRUCTIONS

1. To avoid delays in processing your claim, be sure all statements on the reverse are answered in full and have your dentist complete the other side of this form.
2. Re predetermination: If your dentist recommends a course of treatment involving fees of \$500.00 OR MORE, his treatment plan, with X-rays, must be forwarded to the Plan's Administrator for predetermination of benefits before treatment begins. The Administrator will then advise both you and your dentist what the Plan will pay and therefore what, if anything, you will have to pay out of your own pocket.
3. Send all correspondence, this claim form, etc. to the Administrator:
Global Benefits
88 St. Regis Crescent South
Toronto, Ontario M3J 1Y8
Telephone: (416) 635-6000
Fax: (416) 635-6464

PLEASE NOTE:

Your Plan contains a Coordination of Benefits Provision which may allow you to receive reimbursement from both plans up to a maximum amount equal to the amount charged on the claim. The provision also determines which Plan will be designated as First Payor, and which will be designated as Second Payor. Generally speaking, any plan which covers an individual either as the insured employee, or in the case of children, as the dependent of the spouse with the earliest birth date (day and month) in the calendar year, is designated as the First Payor. All claims should be first submitted to the Plan who is the First Payor.