



CLAIM NO: _____

INSURED: _____

NAME: _____

OTHER INSURANCE DECLARATION FORM

The Policy as purchased by your employer provides coverage in excess of any private or government medical/dental plan. **If you incur medical or dental expense as the result of your loss, you are required to first submit those expenses to your government or private medical dental plan. Only expenses not covered by MSP (the provincial plan for province you reside in) will be considered. Any primary coverage you have in excess of the provincial plan must also be utilized first.**

If in the event your personal medical/dental plan does not provide full reimbursement, you are then eligible to submit the amounts *not paid* to your employer for processing.

Please clarify your situation by checking one of the following:

Yes, I do have private coverage but I do not believe that they will provide full reimbursement and would ask that you keep my claim open until we receive clarification of the amount of the expenses not covered by them, at which time I will forward the amount not covered by them to you for your consideration.

No, I do not maintain any private medical/dental coverage. The expenses I am submitting are not covered by any other primary plan.

If you are a minor, then your parents or legal guardian must complete this form on your behalf.

DATE: _____

NAME: _____
(Please Print)

SIGNATURE: _____

THIS FORM IS TO BE SUBMITTED WITH EVERY CLAIM FORM, DULY COMPLETED AND SIGNED.