



# CLAIM FORM FOR SCHOLARSHIP PROGRAM FOR DEPENDENT CHILDREN

## SECTION 1 - EMPLOYEE INFORMATION

GREEN SHIELD ID NUMBER	COMPANY NAME	DATE OF BIRTH (YY/MM/DD)	
SURNAME	FIRST NAME	TELEPHONE NUMBER	
ADDRESS	CITY	PROVINCE	POSTAL CODE

## SECTION 2 - STUDENT INFORMATION

STUDENT'S NAME	GREEN SHIELD ID NUMBER	DATE OF BIRTH (YY/MM/DD)	
ADDRESS	CITY	PROVINCE	POSTAL CODE
			*DEPENDENT'S SIN NUMBER

## SECTION 3 - MANDATORY DECLARATION

Do you have any other group insurance coverage that may include these services as benefits? Yes  No   
 If Yes, please provide Insurance company's name \_\_\_\_\_ AND attach copy of statement from primary carrier.  
 If other coverage is Green Shield, indicate Green Shield ID number: \_\_\_\_\_  
 NAME & ADDRESS OF COLLEGE OR UNIVERSITY \_\_\_\_\_

PLEASE CHECK THE APPLICABLE BOXES BELOW:

- |  |   |   |
|--|---|---|
| 1. <input type="checkbox"/> DEGREE PROGRAM   | 2. <input type="checkbox"/> PART TIME STUDENT | 3. DID YOU RECEIVE ANY SCHOLARSHIP OR BURSARY? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> DIPLOMA PROGRAM     | <input type="checkbox"/> FULL TIME STUDENT    |   |
| <input type="checkbox"/> CERTIFICATE PROGRAM | IF YES, PLEASE PROVIDE AMOUNT \$ _____        |   |

## SECTION 4 - COURSE PROGRAM INFORMATION

NAME OF DEGREE / DIPLOMA PROGRAM	PROGRAM NUMBER	TERM						TOTAL COURSE LOAD THIS TERM	TUITION COSTS US OR CDN
		START			END				
		YR	MO	DAY	YR	MO	DAY		

**Does not include books, parking fees, late fees or other educational expenses**

### STATEMENT OF CONDITIONS:

- Student is a dependent child as defined by the client, on the date the school term commences and a secondary school graduate in full-time attendance at a post-secondary or post-graduate degree/diploma program at an accredited Canadian or U.S. university or community college.
- The starting date of the academic program will determine the benefit year to which the payment will apply. (i.e. A school term commencing in September, will have a benefit year from September 1st to August 31st.
- Claims will not be processed until the first day of school term to ensure eligibility.
- Claim must include an original paid fee statement or an original paid receipt which indicates student name, the term starting date, the student status (i.e. full term attendance or part-time), a breakdown of an amount paid for both tuition and fees and a completed Green Shield claim form.
- Claim payment will be made to the employee
- Under Canada Revenue guidelines, these scholarships are taxable as income to the student. A T4A will be issued in the student's name by Green Shield no later than the end of February of the year following payment of the claim.
- \* The DEPENDENT'S SIN # is a requirement of Canada Revenue Agency for the purpose of T4A generation.

## SECTION 5 - AUTHORIZATION

I CERTIFY THAT I WAS UNDER OBLIGATION TO PAY THIS TUITION EXPENSE. THE AMOUNT CLAIMED HAS NOT BEEN WAIVED OR REIMBURSED OR PAID THROUGH ANY OTHER SCHOLARSHIP, ASSISTANCE PROGRAM OR SUBSIDY UNLESS OTHERWISE STIPULATED ABOVE.

\_\_\_\_\_  
SIGNATURE OF PLAN MEMBER \_\_\_\_\_  
DATE

I am authorized by my spouse and/or dependents to disclose and receive information about them that is used for these purposes. I understand that this information may be seen by the cardholder.  
 By signing this claim form and/or submitting actual receipts, I agree that the information provided is complete and accurate. I understand that the information provided by me to Green Shield Canada about myself and my dependents, will be used by Green Shield Canada for claims adjudication and any other services necessary in the administration of our benefits which may include the exchange of information with other parties to administer this benefit claim.  
 I further authorize Green Shield Canada to obtain and exchange information with other parties, such as health practitioners or insurers, in order to confirm the accuracy of the submitted claim(s) information. In the event of suspected fraudulent activity pertaining to claims submitted on behalf of myself and/or my dependents, I acknowledge and agree to the disclosure of this information to relevant parties, such as the Plan Sponsor, regulatory and law enforcement agencies.

## SECTION 6 - MAILING INSTRUCTIONS

**PLEASE ATTACH ALL ORIGINAL CORRESPONDENCE** and retain copies for your files as original receipts will not be returned.  
**ALL CLAIMS MUST BE SUBMITTED WITHIN 12 MONTHS OF THE DATE OF SERVICE** (unless otherwise stated in your benefit plan documentation).  
 THE COST, IF ANY, OF OBTAINING THIS INFORMATION IS AT THE EXPENSE OF THE PATIENT/PLAN MEMBER.

PLEASE INDICATE ON MAILING ENVELOPE:

GREEN SHIELD CANADA  
 P.O. BOX 1615, WINDSOR, ONTARIO N9A 7J3  
 ATTENTION: SCHOLARSHIP PROGRAM  
 CUSTOMER SERVICE CENTRE 1-888-711-1119 or (519) 739-1133  
 greenshield.ca