



COMPLETING YOUR EXTENDED HEALTH CLAIM FORM:

Section 1 **Contract number:** 22205

Member ID number: This is the 6-digit number on your benefit card beginning: "000090xxxx" before the 01 – do not include the "01"

Plan sponsor / employer: William Day Construction Limited

Section 2 Only complete this section if your spouse also has benefits and you are using this claim form to be reimbursed under our plan AFTER you have also been reimbursed in part under your spouse's plan.

Section 3 Add the total of receipts for EACH PERSON in your family. There is no need to break down each receipt – only each person.

Relationship to you: If for yourself, "**self**"; for your spouse, "**spouse**"; "**child**", etc.

Note: your child is NOT a "student" until they are over 18 years of age **AND** in school; otherwise, they remain as "child" status.

Answer yes/no to the three brief questions.

Sign, Date and mail to one of the addresses at bottom of page – **Waterloo or Montreal** office is recommended for speed of reimbursement.

To further speed up your reimbursement, consider going online to Sun Life and setting up your personal information- the secure site will send you a password through the mail and will need your banking information. This will allow Sun Life to deposit your payment to your account directly. You can receive your reimbursement within a couple weeks.

KEEP COPIES of your CLAIM FORM and all RECEIPTS. Mail ORIGINALS.