



UNITED FISHERMEN'S BENEFIT FUND

#4 – 830 14th Ave Campbell River, B.C. V9W 4H4 778 645 0578 Benefits@ufawu.org

CLAIM FOR DENTAL BENEFITS

MEMBER'S NAME _____ First _____ Initials _____ Last _____

ADDRESS _____ CITY _____ PROV. _____

POSTAL CODE _____ DATE OF BIRTH _____ PHONE _____
MM/DD/YYYY

SOCIAL INSURANCE # _____ PACIFIC BLUE CROSS # _____

MEMBER: UFAWU-UNIFOR NBBC

STATUS: FISHER TENDERMAN RETIRED STAFF

DO YOU HAVE ANOTHER PLAN?
i.e. AANDC or, GREAT WEST LIFE etc.
 YES NO

NAME OF PLAN: _____

WHAT PERCENTAGE DOES IT PAY? _____

FISHING/PACKING YOU HAVE DONE IN THE PAST YEAR: (OR AT THE TIME OF RETIREMENT)

DATE (MO./YEAR)	TYPE OF FISHING	NAME OF BOAT	COMPANY YOU DELIVERED-MOST OF YOUR CATCH TO:

NAME OF PATIENT(S)	RELATIONSHIP (IF CHILD, AGE)	TOTAL	OFFICE USE ONLY			

DO YOU NEED MORE OF THESE FORMS SENT WITH YOUR PAYMENT? YES NO

PLEASE NOTE: STANDARD DENTAL CLAIM FORM from Dentist MUST BE INCLUDED, as well as

- RECEIPT or some other indication that dentist has been paid
- Allow 3 to 5 weeks for processing
- Claims MUST be submitted within 12 months of date of dental service

All information is true and complete. I consent to the disclosure of this personal information to UFBF, to other insurance companies, and to other authorized third parties for the purpose of administering my plan, assessing and providing benefit coverage, or when required by law.

DATE _____ SIGNATURE OF MEMBER _____

MM/DD/YYYY