

### How to Complete this form

1. Provide all information, including the member authorization.
2. Provide a copy of the Hospital discharge summary – this shows dates of admission and discharge.
3. Provide a copy of the Hospital bill, if available.

### Plan Rules

- If you are hospitalized, you may receive \$200 per day of hospitalization.
- This claim form must be submitted to the Plan Administration Office **after** the member has been discharged.



## Carpenters' Residential Health and Wellness Plan Hospital Stay Benefit Claim Form

Submit this claim form to the Plan Administration Office.

### Plan Administration Office

45 McIntosh Drive, Markham, Ontario, L3R 8C7  
905-946-9700 | 1-800-263-3564 | [benefits@carpentersresidential.ca](mailto:benefits@carpentersresidential.ca)

## Member Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Union ID: \_\_\_\_\_

## Hospitalization Summary

Name of Hospital: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Hospital Admission Date: \_\_\_\_\_ Hospital Discharge Date: \_\_\_\_\_

## Member Authorization

I certify that the information provided in connection with my claim for the Hospital Stay Benefit is true and accurate.

Member's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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