

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

2255 Sheppard Ave. E, Atria 1, Suite 201, Toronto, ON M2J 4Y1
905-946-9700 | 1-800-263-3564 | 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:** _____

Privacy Statement: The Carpenters' Residential Benefit Plans (called "the Plans/Plan"), their administrator Employee Benefit Plan Services Limited, and providers working with the Plans/Plan or administrator will collect, maintain, use and disclose only the information that is necessary for the administration of the Plans/Plan. Personal information will be protected pursuant to the applicable legislation. The Plans/Plan may collect, maintain, use and disclose personal information with relevant persons or organizations (employers, health benefit managers, health professionals, institutions, insurers, investigative agencies, legal counsel, other plans or unions, pharmacies, regulators, reinsurers) in order to manage the Plans/Plan and entitlement to the benefits of the Plans/Plan, and may include information such as financial, health or benefits related information. Questions related to the Privacy Statement should be directed to the Privacy Officer.