



#### HOW TO CLAIM DENTAL INSURANCE BENEFITS

As soon as you or an insured dependent incur covered dental expenses:

1. Take this form to your dentist and have him/her complete the dentist's statement on the reverse side of this form.
2. Complete the employee statement and questionnaire. Please be sure you fully answer all questions.
3. Please sign and date the authorization section.
4. Under the co-ordination of benefits provision, if your spouse has coverage under another insurance plan, his/her charges must first be submitted under that plan. Charges for dependent children must first be submitted to the plan of the parent whose month and day of birth comes earlier in the calendar year (excluding the year of birth).

#### REMINDER

This form must be completed in full. Incomplete forms will be returned to you, which will delay the processing of the claim.

#### DISCLOSURE

Great-West Life is committed to protecting the confidentiality of your personal information and will establish comprehensive safeguards to protect that confidentiality. Such safeguards include internal restrictions of access to your personal information by only individuals working for or on behalf of Great-West Life who have a need to know the information.

Any personal information you provide to us will be kept in a file established in our Group Life and Health Benefits Department and will only be used for the purpose outlined in your file and for which you have given your permission except where required by law, to protect the interest of Great-West Life or in the discharge of our public duty.

#### GREAT-WEST LIFE CLAIM OFFICE

Send completed form to the claim office below:

Questions? Call Toll Free: 1.800.957.9777

Regina Benefit Payments  
P.O. Box 4408  
Regina SK S4P 3W7



For the deaf or hard of hearing:  
Toll Free: 1.800.990.6654

To access Claim Information on line please go to  
[www.greatwestlife.com](http://www.greatwestlife.com)

- Select Group Net for Plan Members
- Register (if this is the first time on the site)
- Sign in with your user name & password