

INSTRUCTIONS

BY MAIL

1. Complete page 1 and 2 of this form.
2. Attach all original receipts and supporting documentation. Please do not staple. Paper clips only.
3. Retain copies for your files as originals will not be returned.
4. Send to the appropriate PO Box
5. If you have multiple claim types, use the Health Items & Services P.O. Box 1623

ONLINE

Claims can be submitted digitally through the Entente Plus portal or mobile app. Visit claims.ententeplus.ca for more information, or contact us for more details.

PROVIDER

Most prescription drug, dental, extended healthcare and vision claims can be processed instantly right at your health care provider's office. Speak to your provider for more information.

MAILING ADDRESSES

VISION - E.g. eye exams, glasses, cataract lenses, etc

ENTENTE PLUS
P.O. BOX 1615
WINDSOR, ON
N9A 7J3

PRESCRIPTION DRUG

ENTENTE PLUS
P.O. BOX 1652
WINDSOR, ON
N9A 7G5

HEALTH ITEMS & SERVICES - E.g. paramedicals, hearing aids, orthotics

ENTENTE PLUS
P.O. BOX 1623
WINDSOR, ON
N9A 7B3

DENTAL

ENTENTE PLUS
P.O. BOX 1608
WINDSOR, ON
N9A 7G1

PLAN MEMBER INFORMATION - Completion of this section is required. Please ensure that you always provide your Plan Member ID in full.

PLAN MEMBER ID		EMAIL ADDRESS	
SURNAME	FIRST NAME	PHONE NUMBER	
ADDRESS		COMPANY NAME	
CITY	PROVINCE	POSTAL CODE	

PATIENT INFORMATION - Completion of this section is required.

PATIENT'S NAME	DATE OF BIRTH		
	YR	MO	DAY

MANDATORY DECLARATIONS - Completion of this section is required. Please use this section to indicate if you were involved in a Motor Vehicle Accident or Workplace Injury.

MOTOR VEHICLE ACCIDENT

Is treatment due to a motor vehicle accident? YES NO If yes, include date of accident _____

Include which expenses are MVA related _____

WORK RELATED INJURY

Is treatment required due to a work related injury? YES NO If yes, include date of injury _____ WCB Case # _____

Include which expenses are a result of the work related incident _____

COORDINATION OF BENEFITS - Completion of this section is required by the Plan Member. Please use this section to indicate if you or any member of your family have benefits coverage from any other insurance plan.

Do you have any other group insurance coverage that may include these services as benefits? YES NO

If we are your secondary carrier, please attach copies of your receipt and your Explanation of Benefit statement from your primary carrier.

If other coverage is with Entente Plus, indicate other Plan Member ID: _____

Do you want to coordinate this claim with your other Entente Plus Coverage? YES NO

AUTHORIZATION, CONSENT AND SIGNATURE - Plan Member signature is required.

The Entente Plus Group Insurance Program ("**Entente Plus**", "**we**," "**us**" or "**our**"), is owned and operated by Entente Education Canada. At Entente Plus, respecting and protecting the privacy and confidentiality of your personal information is a priority. In order to provide you with group benefits services, we need you to understand, and consent to, a few things. We may collect/receive from you or other parties and use, share, disclose and process your personal information and, if applicable, that of your spouse, children and other dependents (collectively, "**you**" or "**your**"), which may include name, age, claims history, email address, service providers that may have been used and banking information. We may do this for various purposes related to the group benefits services and to provide you other products and services, including but not limited to: benefits coordination with other carriers; administration and adjudication of claims; auditing, investigating, and taking steps connected to the prevention or suppression of suspected or proven improper or fraudulent claims; identity checks; billing and collection of premiums; medical underwriting; communication with other service providers, communication with third parties to confirm the accuracy of claims, provide contracted services, collecting information about services that are provided, analyzing data, including information on how you use our products and services, to help us make informed decisions and improve the products and services we offer; determining if there are other products and services that you might be interested in, and sending you details about them; compliance with applicable laws and regulations; and such other activities that a reasonable person would consider associated with the group benefits services. In carrying-out these services, we may collect, receive, share or disclose your personal information with others outside of Entente Plus, including, but not limited to, service providers for: thirdparty administration, claims adjudication and payment, medical second-opinion, travel assistance, contracted consultants, the delegated insurer and underwriter, and other third party service providers who assist us in providing the group benefits services to you with other related products and services, and such other third parties as may be appropriate or reasonably necessary in carrying out the services. Although sharing of personal information is inherently risky, we implement commercially-acceptable procedures to secure and protect your personal information using appropriate technological, physical and organizational measures designed to protect personal information. In the event of an unauthorized release by us of your personal information, we will notify you in accordance with applicable privacy laws. More information about our privacy practices is available in our Privacy Policy at www.ententeplus.ca/privacy-policy, which is a necessary and integral part of this privacy consent. We may from time to time revise our Privacy Policy to reflect changes in, for example, legislation or regulation, or as we introduce new features, products or services. The most current version of the policy will govern how we process your personal data and will always be available on www.ententeplus.ca. You can contact our Privacy Officer at privacy-officer@ententeplus.ca if you have a question or complaint.

By signing below, you are providing your consent to Entente Plus Group Insurance Program's collection, use and disclosure of your personal information as explained above, and you are acknowledging that you are authorized by your spouse, children and other dependents (if applicable) to disclose and receive their personal information, and to provide this privacy consent on their behalf. You agree that a photocopy, facsimile or electronic version of this consent will be as valid as the original. You can withdraw your consent at any time by providing notice in writing to Entente Plus at privacy-officer@ententeplus.ca, but, if you do so, Entente Plus will no longer be able to provide you with group benefits services.

_____	_____	_____
Name	Signature	Date

NEED HELP? CONTACT US

Phone: 1-800-361-9888
Email: assistance@ententeplus.ca
Web: claims.ententeplus.ca