

STATEMENT OF CLAIM OUT-OF-COUNTRY EXPENSES

Please complete both sides of this form and mail to Great-West Life, Attention: Out-of-Country Claims Department, P.O. Box 6000, Winnipeg, Manitoba, Canada R3C 3A5.

When submitting your claim, be sure to attach the required provincial forms available to you by visiting www.greatwestlife.com or by calling our Out-of-Country Claims Department at 1.800.957.9777.

Completion of these forms will allow us to pay eligible claims and coordinate payment directly with your provincial health plan or with any other insurance carriers.

GENERAL INFORMATION

Name of Employee _____

Complete Mailing Address _____

Phone Number _____

Employer **Flint Energy Services Ltd.** Plan Number **164033** I.D. Number _____

I authorize the release of any information or record(s) requested in respect of this claim to Great-West Life or its agents and certify that the information given herein is true, correct, and complete to the best of my knowledge.

Employee's Signature _____ Date _____

At Great-West Life, we recognize and respect the importance of privacy. Personal information that we collect will be used for the purposes of assessing your claim and administering the group benefits plan. For a copy of our Privacy Guidelines, or if you have questions about our personal information policies and practices (including with respect to service providers), write to Great-West Life's Chief Compliance Officer or refer to www.greatwestlife.com.

I authorize Great-West Life, any healthcare provider, my plan administrator, other insurance or reinsurance companies, administrators of government benefits or other benefits programs, other organizations, or service providers working with Great-West Life, located within or outside Canada, to exchange personal information when necessary for these purposes. I understand that personal information may be subject to disclosure to those authorized under applicable law within or outside Canada. I certify that the information given is true, correct, and complete to the best of my knowledge.

PATIENT INFORMATION

Name of Patient _____ Birthdate _____

Relationship to Employee _____ Purpose for Travelling _____

Date of Departure _____ Scheduled Return Date _____

Actual Return Date _____ Country Visited _____ Currency Used _____

Please provide a brief description of the illness/injury which required treatment outside Canada:

Date of initial onset of symptoms _____ 1st date you received medical attention for these symptoms _____

Prior to leaving Canada, was the patient aware of, or receiving treatment for this condition? Yes No

If yes, what was the last treatment date in Canada? _____

I authorize Great-West Life to make payment directly to the providers of the service.

Employee's Signature _____

