

Help with this Form – Out-of-Country & Authorization Form

This Out-of-Country & Authorization form is divided into five, easy to complete sections:

Section A: Information about the claim

Part 1: Information about the employee

This section is for information that identifies you and your benefit plan.

When accessing this form from GroupNet Online Services for Plan Members, information will be pre-filled to the greatest extent possible. Be sure to take a moment and ensure that it is complete and correct.

- If any information shown requires a change and/or correction, you can click on the blue text and edit as appropriate.

If you are filling this section out from scratch, you'll need your Plan Number, Division Number, Subscriber number, Plan/Policy Name, as well as your name and mailing information. You can find the information you need on your employee benefits card, or an older Explanation of Benefits, or from your plan sponsor (i.e. employer).

Part 2: Information about the patient

This section helps inform Great-West of the patient and his/her condition.

Part 3: Information about the occurrence

This section is for information that identifies the expenses you are submitting. Please include the occurrence date and location, the total claimed amount, the diagnosis, as well as your Canadian doctors name and address. Also, be sure to attach all of your original receipts (all of which will not be returned) when submitting a claim.

Section B: Authorization the physicians, hospitals and other medical providers and special authorization and direction

This section must be read, signed, and dated by the claimant or legal guardian.

Section C: Provincial Government health insurance (GHIP) authorization and release

*Complete only if you **do not** reside in the Province of Quebec.*

This section must be read, signed, and dated by the claimant or legal guardian, as well as a witness.

Section D: Power of attorney

*Complete only if you **do** reside in the Province of Quebec.*

This section must be completed in full, including the signature of your beneficiary and the beneficiary's health insurance number.

Section E: Other Insurance Coverage

Please list all other insurance coverage information that you have, then date and sign this section.