

**DRUG CLAIM FORM**  
**CARLETON UNIVERSITY STUDENTS' ASSOCIATION (CUSA)      Group # 24832**  
**GRADUATE STUDENTS' ASSOCIATION (GSA)**

**A. STUDENT INFORMATION**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Green Shield Identifier: (Student Number) CAR- \_\_\_\_\_

Address \_\_\_\_\_ Apartment No. \_\_\_\_\_ City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Home Phone # (\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_

**B. MANDATORY DECLARATION**

1. Do you have any other group insurance coverage that may cover the expense being submitted?  No  Yes  
 If yes, please indicate the name of the insurer and submit the insurer's statement along with copies of corresponding receipts. Name of Insurer: \_\_\_\_\_  
 If other coverage is with Green Shield, indicate Green Shield Identification No. \_\_\_\_\_

2. Are any of the expenses being claimed due to:  
 A. A work related injury?  No  Yes If yes, date of injury \_\_\_\_\_  
 Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_  
 B. A motor vehicle accident?  No  Yes If yes, date of accident \_\_\_\_\_  
 Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**C. DRUG EXPENSES (Only include names of patients with receipts attached.)**

Patient's First Name	Date of Birth (yy/mm/dd)	Drug Name or DIN	Total Dollar Amount Paid/ Claimed

**D. AUTHORIZATION**

By signing this claim form and/or submitting actual receipts, I agree that the information provided is complete and accurate, to the best of my knowledge. I authorize Green Shield Canada to exchange information with other parties as required and only when the information is needed to administer this benefit claim and/or to confirm the accuracy of this information.

**Signature of Student:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**E. MAILING INSTRUCTIONS**

Attention: Drug Dept.  
P.O. Box 1652  
Windsor, ON  
N9A 7G5

**Inquiries regarding Prescription Drugs Claims and coverage:  
CUSTOMER SERVICE CENTRE at 1-888-711-1119**

**PLEASE ATTACH ALL ORIGINAL PAID PRESCRIPTION RECEIPTS**  
Please retain copies for your files as original receipts will not be returned

The intentional falsification, misrepresentation or omission of information on or relating to this claim constitutes fraud.