



CLAIM FORM FOR CHILDCARE

Please use one form for each month, per child

There is no need to attach receipts if this form is completed in full, including authorized signatures of the Employee/Parent or Guardian and a facility official.

SECTION 1 - CHILDCARE PROVIDER INFORMATION

CHILDCARE PROVIDER NUMBER	NOT FOR PROFIT <input type="checkbox"/> FOR PROFIT <input type="checkbox"/>	
CHILDCARE FACILITY NAME	CHILDCARE FACILITY PHONE #	
ADDRESS		
CITY	PROVINCE	POSTAL CODE

SECTION 2 - PLAN MEMBER INFORMATION

SURNAME	FIRST NAME	EMPLOYER NAME
CHILD'S NAME		CHILD'S PLAN MEMBER ID
ADDRESS		CHILD'S DATE OF BIRTH ____ / ____ / ____ YY MM DD
CITY	PROVINCE	POSTAL CODE

Do you have any other Childcare Coverage? Yes ☐ No ☐
 If yes, please attach Explanation of Benefit statement or denial letter from primary carrier.
 If other coverage is with Green Shield Canada Insurance, indicate other Plan Member ID: _____
 Is other coverage Government Subsidy? Yes ☐ No ☐ Other ☐ Explain: _____

SECTION 3 - CLAIM INFORMATION (Must be completed in full by Facility)

Claim Submission for:		Start Date _____	End Date _____	
Facility Rates	# of HALF DAYS Being Claimed	# of FULL DAYS Being Claimed	# of Before/After School Program DAYS Being Claimed	Total Amount Charged by Facility (Rate x # of Days/Week)
Half Day	\$			\$
Full Day	\$			\$
Weekly	\$			\$
Monthly	\$			\$
Before/After School Program	\$			\$

Total amount of Government or other subsidy for this period: \$ _____

TO BE COMPLETED IN ALL CASES

I certify that the childcare services as listed above are accurate. I understand that the charges listed in this claim may not be covered by or may exceed my agreement benefits. I understand that I am responsible to my supplier for the cost of those services. I authorize release of the information contained on this form.

EMPLOYEE / PARENT OR GUARDIAN

DATE

I certify that the above claim information is accurate. The childcare charges for each day billed were requested by the child's parent or guardian.

AUTHORIZED FACILITY SIGNATURE

DATE

SECTION 4 - AUTHORIZATION AND CONSENT

At Green Shield Canada Insurance (“GreenShield,” “we,” “us” or “our”), respecting and protecting the privacy and confidentiality of your personal information is a priority. In order to provide you with the services for which we have been engaged, 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, income, email address, service providers that may have been used and banking information. We may do this for various purposes related to the administration of your benefits plan 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, or for health management purposes or programs; 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 administration of your benefit plan. In carrying-out these purposes, we may collect, receive, share or disclose your personal information with others outside of GreenShield, including, but not limited to: your employer, sponsor(s) of your benefit plan, and insurance advisors, if your benefits are provided through your employer’s group benefits plan; benefits providers (e.g. pharmacists, massage therapists); professional regulatory bodies (e.g. College of Pharmacists); government agencies; applicable law enforcement bodies (local, provincial and federal); industry drug pooling entities (e.g. Canadian Drug Insurance Pooling Corporation); GreenShield’s third party service providers who assist us in administering your benefits plan and providing you with other related products and services and such other third parties as may be appropriate or reasonably necessary in carrying out the purposes set out above. 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.greenshield.ca, 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.greenshield.ca. You can contact our Privacy Officer at privacy.office@greenshield.ca if you have a question or complaint.

By signing below, you are providing your consent to GreenShield’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 GreenShield at privacy.office@greenshield.ca, but, if you do so, GreenShield will no longer be able to administer your benefits plan and process your claims.

Name

Signature

Date

SECTION 5 - ASSIGNMENT OF BENEFITS

I HEREBY ASSIGN TO THE ABOVE CHILDCARE FACILITY ALL OF THE CHILDCARE BENEFITS PROVIDED BY MY SAID COVERAGE OR SO MUCH THEREOF AS MAY SERVE TO SATISFY MY INDEBTEDNESS OR THAT OF MY DEPENDENT CHILD TO THE SAID FACILITY FOR THIS PERIOD OF COVERAGE.

THE CHARGES LISTED ON THIS CLAIM HAVE BEEN PAID IN FULL. PLEASE REIMBURSE PLAN MEMBER DIRECTLY.

SIGNATURE OF EMPLOYEE / PARENT OR LEGAL GUARDIAN

AUTHORIZED FACILITY SIGNATURE

SECTION 6 - MAILING INSTRUCTIONS

ALL CLAIMS MUST BE RECEIVED WITHIN 12 MONTHS OF THE DATE OF SERVICE (unless otherwise stated in your benefit plan documentation). **PLEASE ATTACH ALL ORIGINAL CORRESPONDENCE** and retain copies for your files as original receipts will not be returned.

The cost, if any, of obtaining this information is at the expense of the Patient/Plan Member.

CHILDCARE PROGRAM

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

CUSTOMER SERVICE CENTRE 1-888-711-1119 or (519) 739-1133

greenshield.ca