



## 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 <input type="checkbox"/> No <input type="checkbox"/>				
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 <input type="checkbox"/> No <input type="checkbox"/> Other <input type="checkbox"/> 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		

