



**ACCIDENTAL DENTAL
CLAIMANT STATEMENT FORM
(TO BE COMPLETED BY CAEA MEMBER)**

Crawford & Company (Canada)
100 Milverton Blvd - Suite 300
Mississauga, Ontario L5R4H1
O +1-888-688-4344
equity@crawco.ca

CAEA Member No.:

PLEASE COMPLETE ALL DATES IN MONTH/DAY/YEAR FORMAT

Legal Name of Claimant:		Date of Birth:
Address:		
City:	Province:	Postal Code:
Phone: ()	Email Address:	
Is your membership in good standing and paid up to date? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, you must ensure you are in good standing before you submit this claim).		
Production Name:		
Date Contract Signed:	Production's Last Performance:	
Have you submitted a claim under this Plan before? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you covered by another insurance company? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, what is the name of that insurance company? What are your policy/Certificate numbers?		
If this claim is due to an accident, what was the accident date?		
Did the accident happen at work while under contract? <input type="checkbox"/> Yes <input type="checkbox"/> No		

PLEASE DESCRIBE THE ACCIDENT OR THE NATURE OF THE SICKNESS/ILLNESS:

AUTHORIZATION AND DECLARATION

I, the undersigned, hereby make claim for benefits under my employer's benefit plan adjudicated by Crawford & Company (Canada) Inc. I understand that any information provided to Crawford & Company (Canada) Inc., or their respective authorized agents, will be used in the initial adjudication and determination of my eligibility for benefits, claim and care coordination provisions under the terms of the policy, and potential entitlement to any extension of benefits under this claim.

I DECLARE that the statements provided by me in this authorization and declaration are true and complete, and given of my own free will.

I ACKNOWLEDGE that any person who knowingly files a statement of claim containing materially false, incomplete, or misleading information, or conceals any material facts with intent to defraud or deceive, may be guilty of a fraudulent act subject to civil or criminal penalties, and may be denied benefits related to their claim.

I AGREE that a reproduction of this authorization is as valid as the original.

Claimant Signature _____ Date _____

SUBMIT THIS FORM ALONG WITH A STANDARD DENTAL CLAIM FORM COMPLETED BY THE DENTIST.



TO BE COMPLETED BY DENTIST AND INSURED

I understand that the fees listed in this claim may not be covered by or may exceed my plan benefits. I understand that I am financially responsible to my dentist for the entire treatment.

I acknowledge that the total fee \$ _____ is accurate and has been charged to me for services rendered.

Date of Service	Procedure Code	Intl Tooth Code	Tooth Surface	Dentist's Fee	Laboratory Charge	Total Charges
Total Fee Submitted:						

THIS IS AN ACCURATE STATEMENT OF SERVICES PERFORMED AND TOTAL FEE DUE AND PAYABLE. E & OE

Description of Damage:

Was this procedure required as a result of an accident? Yes No

If yes, please provide details of accident:

Is further treatment required? Yes No **If "Yes", please provide details:**

Intl Tooth Code	Treatment Indicated (use Procedure Code if possible)	Estimated Treatment Date

Describe further potential problems and indicate time frame:

Name of Dentist:

Dentist's Address:

City:	Province:	Postal Code:
Phone #: () 	Fax # () 	

Dentist's Signature _____ Date _____

THIS FORM AND ALL ATTACHMENTS WHICH YOU ARE REQUIRED TO PAY MUST BE FORWARDED WITHOUT DELAY.

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CHECKLIST

Before you submit a completed claim form, please review this checklist to avoid any delay in processing of your claim:

- Have you fully completed and signed the appropriate claim form (i.e. dental, medical, paramedical)?
- Is your membership with Canadian Actors' Equity Association current and in good standing (fully paid up)?
- Have you attached an official receipt (do not submit a cash register receipt) confirming the type of treatment, date of treatment, name/qualification? Does it include the service provider's signature?
- Have you retained copies of all your receipts? Crawford WILL NOT return any hard copy receipts to you.

FOR A COMPLETE LISTING OR COVERED SERVICES, PLEASE SEE PLAN BOOKLET WORDING