

Out-of-Country Claims -- Comprehensive Coverage

Please also complete this section if you are living outside of Canada and have "Comprehensive Coverage" under the PSHCP. The Comprehensive component of the plan is administered by World Access Canada on behalf of Sun Life.

Details of Claim - Attach original receipts. If an expense has already been submitted under another plan, attach the original Explanation of Benefits from that plan AND copies of the receipts.

Part A - Prescription Drug Expenses

Patient Name	Prescription Drug Name	Date Purchased			Country	Type of Currency	Amount Charged
		DD	MM	YY			

Part B - Other Medical Expenses

Patient Name	Type of Expense	Name of Hospital or Practitioner	Date of Service			Country	Type of Currency	Amount Charged
			DD	MM	YY			

TOTAL AMOUNT CLAIMED (Part A & Part B)

IMPORTANT: Please indicate in which currency you would like us to issue your benefit cheque, if other than \$CDN:

Please attach original receipts for expenses and keep copies for your records. We will not return original receipts since you will receive an Explanation of Benefits for income tax purposes. Your bills or receipts should include the name of the patient, the nature of the treatment, the name of the medical product or prescription, the name of the prescribing physician, the date, and the amount charged in the currency that you used.

Attach a written statement from the referring doctor if you are claiming for certain medical services or expenses such as medical equipment, nursing services, speech therapy, etc. The referral statement should confirm why the services were medically necessary and how long the services were needed.

You do not have to submit a claim every time an expense occurs. Claims may be submitted at any time during a calendar year in which eligible expenses are incurred. Be sure to file your claim no later than six months from the end of the year in which you incurred your expenses, because the Administrator has no obligation to recognize claims received beyond that date.

Once both page 1 and 2 are fully completed, please mail the form and the original receipts to World Access Canada at the following address:

World Access Canada, Inc.
Public Service Health Care Plan
PO Box 880
Waterloo ON N2J 4C3
CANADA

Member Authorization I certify that the information given is true, correct and complete to the best of my knowledge and does not contain a claim for any expenses previously paid for by this or any other plan. For the purpose of processing and paying the claim, I authorize release of any information or record requested in respect of this claim to Sun Life Assurance Company of Canada. Sun Life or World Access Canada may check the accuracy of the information given in support of your claim.

Member Signature	Date