

INSTRUCTION

1. Please attach this form to your completed Medical and Paramedical claim form and submit to the appropriate Standard Life claims office. (see addresses on claim form)
2. All expenses related to the completion of this form are at the participant's charge.
3. Please have the form completed by the prescriber (physician or dentist)

PRESCRIBER'S IDENTIFICATION

Surname _____ First Name _____

Address: No. _____ Street _____ Apt. _____

City or Location _____ Province _____ Postal Code _____ Telephone No. _____ Fax No. _____

PATIENT'S IDENTIFICATION

Surname _____ First Name _____ Date of Birth _____

Address: No. _____ Street _____ Apt. _____

City or Location _____ Province _____ Postal Code _____ Telephone No. _____ Fax No. _____

IDENTIFICATION OF REQUESTED DRUG

IMPORTANT : Please use a new form for each drug

Name of Medication _____ Pharmaceutical Form _____ Content _____ Anticipated Treatment Duration _____

FROM _____ TO _____

D M Y D M Y

Dosage _____

REASON FOR REQUEST (TO BE COMPLETED BY THE PRESCRIBER)

Please give medical reasons necessitating the use of this drug

Have other drugs been used to treat the same condition? What were the results?

Prescriber's signature: _____ Licence Number: _____

PARTICIPANT'S STATEMENT

Name of policyholder _____

Policy/Plan No. _____

Certificate No. _____

Participant's Name _____

I authorize the release of any information or records requested in respect of this claim to the plan administrator, its agents or the policyholder. I certify that the information given is true, correct and complete to the best of my knowledge and that the amounts shown on both receipts and the form truly reflect the amounts actually paid for the medical care. In the event of any false statement, Standard Life will automatically reject a part of this claim. A photocopy of this authorization is as valid as the original. I agree to the use of my social insurance number as my identification number in the Standard Life data base.

Participant's Signature _____ Date: _____

D M Y