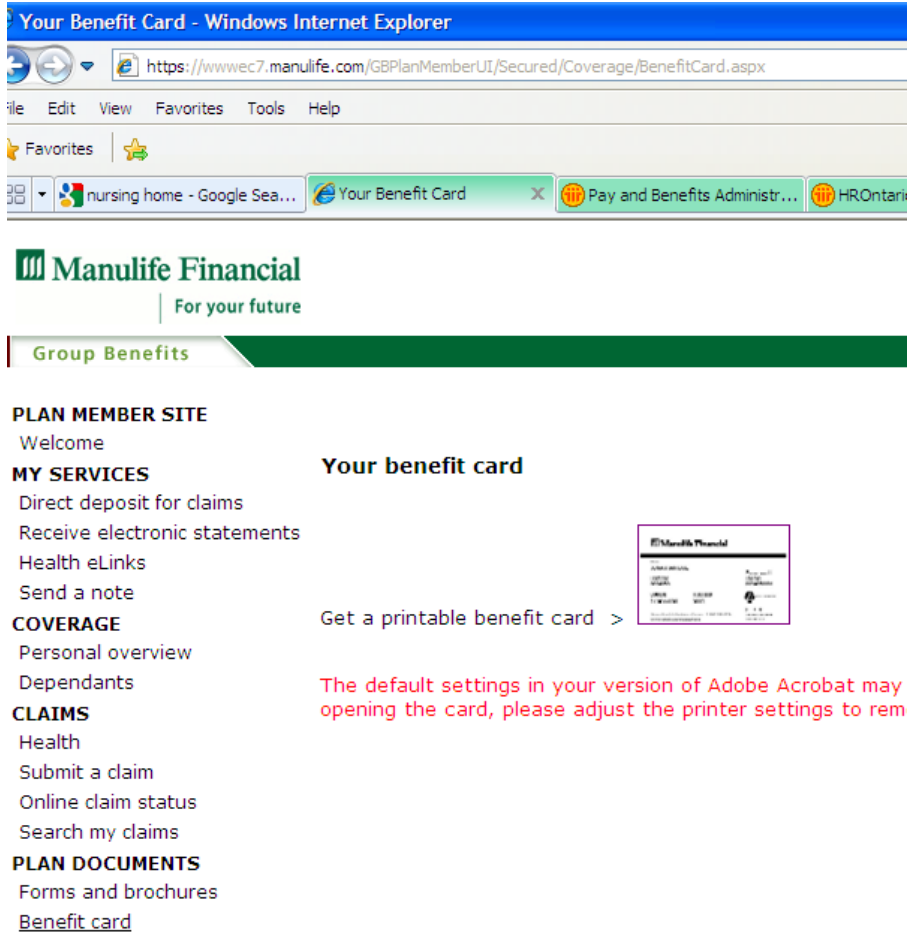


<b>Claim</b>	<b>Health</b>
Company	Manulife Financial
Phone Number	1-800-268-6195
Plan Contract Number	15900
Member Certificate Number	your WIN number
Website	<a href="http://groupbenefits.manulife.com/canada/GB_v2.nsf/Public/pm_login">http://groupbenefits.manulife.com/canada/GB_v2.nsf/Public/pm_login</a>
Benefit Card	<p>You can register to the online website and print it out OR you can call the phone number for them to print a plastic one for you.</p> 

<b>Claim</b>	<b>Dental</b>				
Company	Great West Life				
Phone Number	1-800-874-5899				
Plan Contract Number	330021				
Member Certificate Number	your WIN number				
Website	<a href="https://groupnet.greatwestlife.com/public/signin/login.public?blank&amp;brand=pm&amp;lang=en">https://groupnet.greatwestlife.com/public/signin/login.public?blank&amp;brand=pm&amp;lang=en</a>				
Benefit Card	<p>You can register to the online website and print it out OR you can call the phone number for them to print a plastic one for you.</p> <div style="border: 1px solid #ccc; padding: 10px;"> <p><b>Forms &amp; Cards</b> <a href="#">Help with this page</a></p> <hr/> <table border="1"> <tr> <td><a href="#">Claim Forms</a></td> <td>Claim forms may be pre-filled with your plan and personal information.</td> </tr> <tr> <td><a href="#">Printable Cards</a></td> <td>Provides the ability to print plan coverage cards that apply to you.</td> </tr> </table> <hr/> <p><a href="#">Submit Online Claim - NEW</a></p> <p>You can now submit claims online for several types of expenses - its fast and easy! To submit claims online, you must have <b>Direct Deposit</b> and <b>eDetails</b>.</p> <hr/> <p><b>Claim Forms</b> Please see below for a list of the forms that are available to print. For your convenience, Claim Forms may be pre-filled with your plan information.</p> <ul style="list-style-type: none"> <li>• Click on the form of your choice.</li> <li>• Fill out the editable parts of the form directly on the Adobe Acrobat PDF document.</li> <li>• Update any pre-filled information that is incorrect before printing the form.</li> <li>• Print the form, sign it and attach all original receipts.</li> <li>• Deliver the form to the address indicated on the form, or other appropriate location (i.e. your dentist, doctor, plan sponsor)</li> </ul> <p style="text-align: right;"><a href="#">Dental Claim Form</a> <a href="#">[Help with this form]</a></p> <p style="text-align: right;"><a href="#">Back to Top</a></p> <hr/> <p><b>Printable Cards</b> Please see below a list of cards that are available to print.</p> <ul style="list-style-type: none"> <li>• Click on card of your choice.</li> <li>• Verify that the information on the card is correct.</li> <li>• Print card, cut and carry the card with you.</li> </ul> <p style="text-align: center;"><a href="#">Wallet ID Card - 330021</a></p> </div>	<a href="#">Claim Forms</a>	Claim forms may be pre-filled with your plan and personal information.	<a href="#">Printable Cards</a>	Provides the ability to print plan coverage cards that apply to you.
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