



CARPENTRY WORKERS' BENEFIT PLAN of BC

215 – 3480 Gilmore Way, Burnaby, BC V5G 4Y1
Telephone: 604-438-2434 Toll free: 1-877-411-2806 Fax: 604-438-5348
website www.cwbp.ca

EMPLOYEE ASSISTANCE CLAIM FORM

The benefit provides assistance to members with a wide variety of counseling services currently not available through Medical Services Plan or other sources. A referral from your general practitioner is not required. The program is based on reimbursement of fees paid to the **annual per person limit of \$550**, reimbursed at the rate of 80% (\$440 max).

Services that are not covered:

- Any services provided by the Provincial Government or a Government Agency including WCB or ICBC
- Services provided by an agency established within the Provincial Council Of Carpenters collective agreements

Member Name: _____	Member Number: _____	
Address: _____		
Postal Code: _____	Phone Number () _____	
Counseling Firm: _____		
Date(s) of Treatment(s): _____		
Name of person(s) receiving treatment(s): _____		
Amount claimed: \$ _____	Cost per session: \$ _____	Number of sessions: _____

I certify that I and/or my dependents incurred these expenses. All information is correct. I consent to the Carpenters' Benefit Plan using this personal information to adjudicate my claim and disclosing this information when required or permitted by law or pursuant to its contractual obligations under my benefit plan.

Signature of member

Date signed

*Original paid receipts must be submitted with this completed claim form; receipts will not be returned. If you also have coverage with another insurance company, make a photocopy of all receipts before sending the originals to the Carpenters Workers' Benefit Plan. **At the time of the counseling appointment, the member must be covered under a full package (this benefit is not included in the "mini" or "retired" packages).***

***Please note that all claims for the previous year must be received by the Plan Office by June 30.
No exceptions can or will be made.***

OFFICE USE ONLY

Member's coverage type: _____

Claim Year _____

Yearly maximum reached Y / N

Claim amount	\$
Amount recognized	
(x 80%)	
Cheque total	

Adjudicator _____

Date: _____

CLAIM FORMS ARE AVAILABLE AT THE OFFICE OF THE CARPENTRY WORKERS' BENEFIT PLAN OF BC
OR ONLINE AT www.cwbp.ca