

DENTAL CARE SUBSEQUENT TO AN ACCIDENT

TO BE COMPLETED BY THE MEMBER

YYYY	MM	DD			
Date of the accident: _____			Location of the accident: _____		
How did the accident occur?					

If the claim is the result of a work injury or a motor vehicle accident please note that the claim must first be submitted to your provincial automobile insurance (if applicable in your province) or occupational health and safety plan before being forwarded to your insurer.					

TO BE COMPLETED BY THE DENTIST

Preoperative X-rays are required for the study of dental care made necessary as the result of an accident. They will be returned to the attending dentist as soon as possible.

Is it an accidental injury to a healthy and natural tooth?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Diagnosis and clinical description prior to the accident: _____		

CLAIM FOR A CROWN, VENEER, INLAY/ONLAY, FIXED BRIDGE OR DENTURE

- **For crown, veneer or inlay/onlay:** please submit pre-treatment x-rays. If replacement, please indicate the age of the existing appliance.
 - **For fixed bridge:** please submit pre-treatment x-rays with clear views of both sides of the arch(s). If replacement, please indicate the age and type of the existing appliance. If initial, please indicate the extraction date of the missing teeth.
 - **For denture:** if replacement, please indicate the age and type of the existing appliance. If initial, please indicate the extraction date of the missing teeth.
- Please include a copy of the commercial lab bill with your claim.**

PERSONAL INFORMATION MANAGEMENT

Desjardins Financial Security Life Assurance Company (DFS) handles the personal information it has on you in a confidential manner. DFS keeps this information on file so that you may benefit from group insurance services offered by the Company. This information is consulted solely by DFS employees who need to do so in the course of their work. You have the right to consult your file. You may also have information corrected if you demonstrate that it is inaccurate, incomplete, ambiguous or not useful. To do so, you must send a written request to the following address: Privacy Officer, Desjardins Financial Security Life Assurance Company, 200, rue des Commandeurs, Lévis, Québec, G6V 6R2. DFS may use the client list to offer its clients an insurance product following the termination of their group insurance. If you do not wish to receive these offers, you may have your name removed from the list. To do so, you must send a written request to the Privacy Officer at DFS.