



Additional Information Request: Accidental Damage to Natural Teeth

To be completed by plan member

SSQ Certificate No.			
First Name		Last Name	
Address			
City	Province	Postal Code	Phone No.

Patient: _____(person whose teeth were damaged)

Date of Birth: | Y Y Y Y | | M M | | D D | (person whose teeth were damaged)

Is the required dental treatment the result of an automobile accident? Yes No

Is the required dental treatment the result of a work-related accident? Yes No

Is the required dental treatment the result of an accident that happened while travelling? Yes No

The exact date and circumstances of the accident:

The following information must be provided by the dentist

Provide before and after x-rays (consult your regular dentist if necessary) and after the accident

Pre-accident X-ray date: _____

Post-accident X-ray date: _____

Comments about the x-rays (if any)

The numbers of the teeth damaged in the accident:

The condition of the teeth prior to the accident:

The condition of the teeth after the accident:

The treatments made as a result of this accident ***(please append original claim to this letter):***

The proposed treatments as a result of this accident ***(please append original claim to this letter):***

Other relevant information:

Dentist's Signature

Y	Y	Y	Y	M	M	D	D
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Date

I declare that the information provided is complete and accurate. I understand that the information provided will be used by SSQ, Life Insurance Company Inc. for the adjudication of my claim and could be shared with other parties for the strict purpose of adjudicating this claim. I authorize my spouse and/or dependents named in this claim to disclose and receive information concerning them.

Plan Member's Signature: _____

Date: ____ / ____ / ____

IMPORTANT

- **Send us the original invoices and keep copies in your files. You will not get the originals back.**

For more information, please call Customer Service at 1 877 651-8080.

Please return this letter along with your answer as well as a duly completed claim or assessment request, if any.

All claims for accidental damage to natural teeth must be mailed here:

Health Insurance Management – Claims
C.P. 10500, succursale Sainte-
Foy Québec (Québec) G1V 4H6