



@ student@majorplan.ca
☎ 1 877-976-2567
🌐 planmajor.ca/en

This form is intended for students who wish to submit a claim for *La Fracture* insurance. Should you require further information, please do not hesitate to contact us. We'll be happy to answer any questions you may have.

Important

In order to process your claim, it is important to attach your radiologist's protocol to the claim form. Please send to student@majorplan.ca.

Personal information (Please print clearly)

NAME		FIRST NAME
<input type="text"/>		<input type="text"/>
EDUCATIONAL INSTITUTION		CERTIFICATE NUMBER*
<input type="text"/>		<input type="text"/>
ADDRESS		CITY
<input type="text"/>		<input type="text"/>
PROVINCE	POSTAL CODE	DATE OF BIRTH (YYYY/MM/DD)
<input type="text"/>	<input type="text"/>	<input type="text"/>
PHONE NUMBER	EMAIL ADDRESS	
<input type="text"/>	<input type="text"/>	

*Your certificate number corresponds to your student number or Code Major or truncated DA. Check your student association page on planmajor.ca/en to find out what applies to you.

Accident-related information

DESCRIPTION OF ACCIDENT (date, time, place, circumstances of accident, type of fracture)

Have any of these expenses been claimed from a government plan (CSST, SAAQ, IVAC, etc.)? Yes No

Participant authorization and declaration

I have enclosed the radiologist's protocol.

I authorize any person or institution holding medical or financial information about me to provide Major Plan and Humania Assurance with any information they deem necessary to investigate my claim.

I authorize Major Plan and Humania Assurance to conduct any verification or investigation to ensure the validity of my claim. I agree that the information provided on this form may be used by Major Plan and Humania Assurance to manage my claim and to produce statistical reports.

I declare that the information contained herein is accurate and complete.

SIGNATURE

DATE