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**INSTRUCTIONS:**

1. Have the attending dentist complete the Standard Dental Claim form (reverse)
2. Complete the Plan Member's Statement (bottom section, reverse)
3. **Mail completed claim form to the administrator:**

**Labourers' Local 837  
Health and Welfare Fund  
44 Hughson Street South  
Hamilton, Ontario L8N 2A7**

4. **If you have any questions please call 905 529-1116**

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**SPECIAL NOTE:**

If your dentist recommends a course of treatment costing **\$500 or more**, this treatment must be submitted to the plan administrator at the above address for approval prior to commencement of treatment. For this approval the dentist's treatment plan should be submitted together with the appropriate X-rays. Failure to obtain this approval may cause a loss of benefits for the treatment involved.

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**BENEFIT MAXIMUM (PER CALENDAR YEAR)**

**\$2,000**

Routine Care payable at 100% coinsurance  
Denture, Crowns and Bridgework payable  
at 80% coinsurance

**BENEFIT MAXIMUM (PER LIFETIME)**

**\$2,500**

Orthodontia payable at 60% coinsurance

