



# CLAIM FORM

855 Arcola Avenue, Regina SK S4N 0S9  
Telephone: (306) 910-7505, Email: info@brightbenefits.ca

Company Name \_\_\_\_\_ Date \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
Province \_\_\_\_\_ Postal Code \_\_\_\_\_ Email Address \_\_\_\_\_  
Telephone \_\_\_\_\_

## Employee Details

Employee Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Postal Code \_\_\_\_\_ Province \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Email \_\_\_\_\_

## Claim Detail

(List of Current Claims - Supported by Receipts) \_\_\_\_\_ Amount in CAD\$ \_\_\_\_\_

(if require please use extra sheet to submit your email. You can send your claim for along supporting receipt to address above or by email. Claim without supporting document will not process.

**Claim Submitter Signature)**

(Date)