ONE T
Ontario Non-union Education Trust

ONTARIO NON-UNION EDUCATION TRUST (ONE-T)
CLAIM APPEAL REVIEW FORM
APPLICABLE TO: PVP PLAN AND THE CAEAS-ECAB PLAN

Instructions:
Please complete this form in full and return it to the address listed below.

Please PRINT clearly. (Please attach additional explanation and documentation as necessary)

1 Appeal details

I hereby appeal denial of the following claim:

Claimant First name, Middle initial, Last name		Please Indicate your Plan: ☐ PVP ☐ PVP Retiree ☐ CAEAS-ECAB ☐ CAEAS-ECAB Retiree	
Policy Number	Member ID	Claim number (assigned by office)	Type of appeal (health, dental, etc.)
Reason for denial			
Reason for appeal			
Claim expenses being appealed (please provide dates and amounts of expenses)			

2 Authorization and signature

Important: YOU MUST SIGN AND DATE THIS FORM

I request a review under the ONE-T Claims Appeal Review process. I agree that the Trustees, Cowan, Canada Life, Cubic Health, any independent physicians, evaluators, agents and consultants acting on behalf of ONE-T may obtain or view, for the purposes of review only and from any source whatsoever, a copy of records respecting the matter under review. I also agree that the Trustees, Cowan, Canada Life, Cubic Health, any independent physicians, evaluators, agents and consultants may disclose information related to this review to the other parties to this review for the express purposes of this review. I understand that it is a serious offence to knowingly provide false information in order to induce the Trustees to make a particular decision.

I hereby consent to and authorize any insurance company, licensed physician, health care practitioner, hospital, clinic, medical facility or organization that has records or information with regards to this appeal to release the information to the Trustees, Cowan, Canada Life, Cubic Health, any independent physicians, evaluators, agents, and consultants acting on behalf of the ONE-T, for its consideration of my claim appeal. A photocopy or scan of this signed appeal and authorization shall be as valid as the original and shall continue to have effect through the duration of this appeal.

I hereby also agree to provide any additional information that may be requested for my claim appeal review.

Member's Signature X				Date (dd-mm-yyyy)
Address (street number and name)			Apartment or Suite	City
Province	Postal Code	Telephone	Email Address	

Please note that appeals for drugs not currently approved by Health Canada for the requested use will be declined. The Board of Trustees has the sole authority to apply and interpret the terms of the Contract. The decision of the Board of Trustees concerning this appeal will be final and binding.

Return by physical mail to:
ONE-T Appeal Review
Attn: ONE-T Executive Director
5140 Yonge Street, Suite 1700
Toronto ON M2N 6L7

or

Return by email to:
info@one-t.ca