

General Board of Global Ministries Health Plan Overseas Missionary Medical/Dental Claim Form

Name of Employee: _____ Employee ID#: _____
(Name on Stirling & Stirling Insurance ID card) (on Stirling & Stirling ID card)

E-mail Address: _____

Country Where Services Received: _____

When submitting claims to the GBGM plan, please complete this form and attach your original receipts. Mail the form with your receipts to:

GBGM Claims
 Stirling & Stirling, Inc., 20 Armory Lane, Milford, CT 06460-3361 USA

Stirling & Stirling will route your reimbursement to either your Payroll Account, the person you designated in the United States, or into your country's GBGM 2.41Account, as indicated by you on the GBGM Medical Reimbursement Information form. Your state side representative should deposit checks sent to a U.S. Address. Missing information may delay your reimbursement. Please complete this form in English.

Patient	Date of Birth	Date of Service	Description of Service (Medical/Hosp./Rx/Dental)	Amount in Local Currency	Exchange Rate Per US\$:	Amount in US\$

I hereby authorize payment directly to the Provider who rendered Services: Yes No
(If left blank benefits will be made payable to the Employee, unless Provider has assignment on file.)

Employee's Signature: _____ Date: _____