

Upon logging in to Green Shield's [plan member online services website](https://onlineservices.greenshield.ca/PlanMember/Dashboard.aspx) follow the steps outlined on the following screen shots (note, similar functionality exists using Green Shield's "GSContheGo" app):

Green Shield Canada [CA] <https://onlineservices.greenshield.ca/PlanMember/Dashboard.aspx>

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plan member online services

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HOME

Welcome to your personalized dashboard, Ian

FIND A HEALTH PROVIDER

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SUPPORT CENTRE

PERSONALIZED CLAIM FORMS

MY CLAIM STATEMENTS

SEARCH MY CLAIMS HISTORY

MY WEB UPLOADS

Spending Accounts

Health Care Spending Account

Deposit Year \$ Deposited \$ Used \$ Remaining Use by Date

2019

Submit A Claim

CHECK COVERAGE

Drug >

Eye Exam >

Glasses >

Contact Lenses >

More... >

View Benefit Booklet

MY PHARMACY

Our five-star Pharmacy Quality Rating evaluates the quality of care provided to you.

Search for a pharmacy to compare how it measures up!

Find a Pharmacy

COVID-19

MESSAGE FROM GSC'S PRESIDENT

Click Here

TRAVEL QUESTIONS?

OUR SUPPORT CENTRE IS HERE TO HELP.

Click Here

Green Shield Canada [CA] <https://onlineservices.greenshield.ca/PlanMember/ClaimSubmission/SelectClaimType.aspx>

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SUBMIT A CLAIM

Watch this [video](#) on how to submit a claim. Click [here](#) to verify your address before submitting your claim.

The listing below may include benefits not covered by your plan. This allows you to submit your claim and receive a statement for coordination with another carrier, or for income tax purposes.

+ Ambulance/Medical Transportation
 + Audio/Hearing Services
 + Blood Monitoring & Diabetic S
 + Breathing/Respiratory Equip
 + Dental
 + Drug
 + Footwear & Orthotics
 + Garments & Braces
 + Hospital, Nursing Home & In Home Support Services
 + Laboratory & Diagnostic Tests
 + Medical Items & Equipment
 + Mobility/Walking Aids
 + Professional Services
 - Spending Accounts
[Health Care Spending Account](#)
 + Vision

Step 1: Click the "+" button beside "Spending Accounts"

Step 2: Click on "Health Care Spending Account"

SUPPORTING DOCUMENTATION - FOR A CLAIM ALREADY SUBMITTED

Green Shield Canada [CA] <https://onlineservices.greenshield.ca/PlanMember/ClaimSubmission/HCSA/BenefitSelection.aspx>

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SUBMIT A CLAIM - HEALTH CARE SPENDING ACCOUNT

Health Care Spending Account **Select Expense** Claim Details Claim Submission Confirmation Claim Submitted

Your Health Care Spending Account is like a bank account that you can use to pay for eligible health and dental expenses not fully covered by your group benefits plan or your provincial health plan. It also covers a wide range of health and dental expenses such as medical equipment, drugs and medications, eyeglasses, paramedical practitioners and orthodontic expenses, as well as copayments or deductibles. Please click [here](#) for a link to eligible expenses under your Health Care Spending Account.

To submit your Health Care Spending Account claim, select the type of claim and medical expense below. Please note: not all items listed below may be eligible under your plan.

* indicates a mandatory field

Choose type of claim: * -- Select --

Click the '--Select--' window

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Green Shield Canada [CA] https://onlineservices.greenshield.ca/PlanMember/ClaimSubmission/HCSA/BenefitSelection.aspx

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SUBMIT A CLAIM - HEALTH CARE SPENDING ACCOUNT

Health Care Spending Account Select Expense Claim Submitted

Your Health Care Spending Account is like a bank account that you can use to pay for eligible health and dental expenses not fully covered by your group benefits plan or your provincial health plan. It also covers a wide range of health and dental expenses such as medical equipment, drugs and medications, eyeglasses, paramedical practitioners and orthodontic expenses, as well as copayments or deductibles. Please click [here](#) for a link to eligible expenses under your Health Care Spending Account.

To submit your Health Care Spending Account claim, select the type of claim and medical expense below. Please note: not all items listed below may be eligible under your plan.

Choose type of claim:

- Attendant Care Expenses
- Bath Aids
- Circumcision
- Communication Aids/Services
- Cosmetic Procedures
- Dental Maintenance Products/Items
- Dental Services
- Dental Services - Cosmetic
- Drug Expenses
- Education Services
- Fertility Treatments
- Fitness Programs
- Health and Dental Plan Premiums
- Home Modifications
- Hospital/Medical Facility
- Incontinence Supplies
- Laboratory/Diagnostic Tests
- Life/LTD/STD Insurance Premiums
- Medical Items
- Mobility Aids
- Nursing Services
- Paramedical Service
- Physician Services
- Rehabilitative Therapy
- Repairs to Medical Items
- Service Animals
- Speech Aids
- Transplants
- Travel Expenses

Click on "Health and Dental Plan Premiums"

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SUBMIT A CLAIM - HEALTH CARE SPENDING ACCOUNT

Health Care Spending Account Select Expense Claim Details Claim Submission Confirmation Claim Submitted

Your Health Care Spending Account is like a bank account that you can use to pay for eligible health and dental expenses not fully covered by your group benefits plan or your provincial health plan. It also covers a wide range of health and dental expenses such as medical equipment, drugs and medications, eyeglasses, paramedical practitioners and orthodontic expenses, as well as copayments or deductibles. Please click [here](#) for a link to eligible expenses under your Health Care Spending Account.

To submit your Health Care Spending Account claim, select the type of claim and medical expense below. Please note: not all items listed below may be eligible under your plan.

* indicates a mandatory field

Choose type of claim:

- * Health and Dental Plan Premiums

Description

Premiums paid to private health services plans including Medical, Dental, Emergency Travel Medical and Hospitalization plans. (Health and Dental only)

Click "Next"

NEXT CANCEL

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SUBMIT A CLAIM - HEALTH CARE SPENDING ACCOUNT

Health Care Spending Account Select Expense Claim Details Claim Submission Confirmation Claim Submitted

To submit a claim, complete the form below and click Submit.

Claim Details

Who is the claim for? * [00:] Your name will appear here

Enter the provider's information in this section:

Your provider is who you paid in exchange for an item or service, and could be an individual or a retail location. When submitting a claim for insurance plan premiums, enter your employer's information as the provider.

1. * Provider Name
2. * Phone #
3. * Address

1. For 'Provider Name' enter "UTGSU Plan"
 2. For 'Phone #' enter "1-866-358-4436"
 3. For 'Address' enter "16 Bancroft Avenue, Toronto, ON M5S 1C1"

From your ROSI Invoice:

1. Add the "Dental Plan-FT" and "Health Plan-FT" fees for the "Fall" term in one row. 'Date of Expense' is the later of: the date you paid your fall term fees or, Sept 1, 20XX. Select the 'Provider Indicator' which should be "UTGSU Plan"
2. Repeat the above step for the winter term fees in a second row. 'Date of Expense' is the later of: the date you paid your winter term fees or, January 1, 20XX.

Type of Expense	Date of Expense * [yyyy mm dd]	Total Original Amount of Invoice \$ [0.00] ?	Total Amount(s) Already Paid By Insurer/Government Plan(s) \$ (if applicable) [0.00] ?	Provider Indicator * ?
1. Health and Dental Plan Premiums				
2. Health and Dental Plan Premiums				
3. Health and Dental Plan Premiums				
4. Health and Dental Plan Premiums				
5. Health and Dental Plan Premiums				

I agree that the information provided is complete and accurate. I understand that the information provided by me to Green Shield Canada about myself and my dependents, will be used by Green Shield Canada for claims adjudication and any other services necessary in the administration of our benefits which may include the exchange of information with other parties to administer this benefit claim.

I am authorized by my spouse/partner to act on their behalf in these purposes. Your spouse/partner has seen you, the cardholder.

Click 'Next' and follow the instructions that appear on the subsequent screen

NEXT CANCEL

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