



Guarantee Trust Life Insurance Company  
PO Box 1144 • Glenview, IL 60025 • 800-338-7452  
www.gtlic.com

**WELLNESS BENEFIT ROUTING CLAIM FORM**

- FORM INSTRUCTIONS**
1. Complete Entire Form Below
  2. We must have bills for wellness expenses to be considered.
  3. Attach any doctor's recommendation or explanation for service.
  4. Make a copy for your records.

**\*Please answer all questions completely and return this form to the address above.**  
**\*\*By attaching bills for your wellness services & returning with this form we know you are requesting Wellness Benefits.**

**PATIENT'S STATEMENT**

1. INSURED'S NAME \_\_\_\_\_
2. ADDRESS (CITY, STATE, ZIP) \_\_\_\_\_
3. PHONE NUMBER \_\_\_\_\_
4. GROUP NAME \_\_\_\_\_
5. IDENTIFICATION NUMBER (On GTL ID Card) \_\_\_\_\_
6. NAME OF SERVICE PROVIDER \_\_\_\_\_
7. TYPE OF SERVICE THAT WAS DONE \_\_\_\_\_