



GUARANTEE
TRUST
LIFE

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 _____