



# Personal Benefit Statement of PASQUALE A MAZZOTTA

## Product Sample Group Benefit Plan

For identification purposes  
your certificate number is 404-253-262  
and your policy number is 7  
Your basic coverage status is Family

Your CDCS COVER CARDS ® are provided below.

Attached to the bottom of this page is your wallet certificate. Present it to your dentist / health care provider and ask them to call 1-800-265-2327 during regular business hours. We will be pleased to verify your coverage levels and guarantee payment to your health care provider. Your provider is welcome to call us to verify the level of coverage you have and to determine the portion of the claim that will be covered under your plan. To answer any phone calls we will need your Group number, Certificate Number, the Patients Name and date of birth, and the nature of the purchase. Our office hours are Monday to Friday 9:00 to 5:00 EST. Your plan may also include a [pay direct drug card that only works in pharmacies](#). Your dentist and other healthcare providers can **also** obtain payment directly from your plan, eliminating the need for you to fill out claims forms and wait for payment.

**Please refer to your plan booklet for benefit details.**

**The following is a summary of your group benefits - Please retain for your records.**

Coverage & Description	Carrier & Policy	Coverage & Description	Carrier & Policy
\$20,000 Acc't Death/Dismem	Unum Life Ins. # GSR 19287	\$20,000 Life Insurance	Canada Life Ins. # 48467
5000/2500 Dep'd Group Life	Canada Life Ins. # 48467	\$3,500 LTD	Canada Life Ins. # 48467
Family Travel	Canada Life Ins. # 48467	Standard Med StopLoss	Canada Life Ins. # 48467
Family Major Medical	Canada Life Ins. # 48467	Family Dental	CDCS Health Claims Inc. # 48467
Family Drugs Assure	Card # 14 48467 404253262 01		

**List of beneficiary assignments currently on file:**

SIEN GABERT                      SPOUSE

.....  
Please cut off on dotted line above.

Product Sample Group 7 - 404253262 / PASQUALE A MAZZOTTA		
<u>Insured Name(s)</u>	<u>Relation</u>	<u>Birth Date</u>
PASQUALE A MAZZOTTA	Employee	30/Apr/1940
IEN Lastname-3	Spouse	29/Apr/1953
KAI Lastname-3	Dependent	05/Apr/1981
1-800-668-6669		

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Family Major Medical	Canada Life Ins. # 48467	
Family Dental	CDCS Health Claims Inc. # 48467	
Family Drugs Assure	Card # 14 48467 404253262 01	
1-800-668-6669		

These cards remain the property of the issuer and must be returned to your employer upon request or termination of benefits.