



YOUNG LIFE BENEFITS PLAN

International Dental and Vision Claim Form

Claims should be submitted via email to benplan@sc.younglife.org (attach all related receipts). Please submit a separate form for each family member and list each date individually below.

**** Claims MUST be submitted within 12 months of the service date to be eligible for reimbursement. ****
For consistency, please access [Oanda](#) for your exchange rates and use the paid date of your services.

Employee Name:

Employee SS#: XXX-XX-

Dental Group # 5735

Vision Group # 12011603

Patient's Name:

Date of Birth:

Payment Information:

Dental: Delta Dental now offers direct deposit via ACH. Log in or create an account on the secure [Delta Dental](#) portal, select "Edit Account" from the top section on the home page, then click "Direct Deposit" and key in your banking information. Be sure to verify your information each time a claim is submitted. If you choose not to access this option and have an international address on file, your reimbursement will be sent to the Service Center, and the funds will be forwarded to the bank account you have on file with payroll.

Vision: If you have an international address on file, your reimbursement will be sent to the Service Center; the funds will be forwarded to the bank account you have on file with payroll as direct deposit is not currently available.

If any dental service is related to an accident or injury, please submit your services to UMR using the [International Medical/Rx](#) claim form (1755) as these are considered medical expenses. Be sure and complete the accident information on the medical form.

Claim #	Date of Service	Paid Date	Type of Service (exam, cleaning, x-ray, crown, braces) (eye exam, glasses, contacts)	Tooth #	Local Currency	U.S. Dollars
Total Expenses in U.S. Dollars Being Submitted						

(Claim numbers are assigned by you and used for reference. The numbers on this form should match the numbers on the actual receipts.)

For questions about this form, call Benefits at (719) 381-1950.