

# Canadore Students' Council Student Health Plan



CANADORE  
STUDENTS'  
COUNCIL

**Student Name:**

**Group #:**

514053

**Provider:**

ClaimSecure

**Student ID #:**

00 \_ \_ \_ \_ \_ \_ \_ L *(10 digit alpha numeric number)*

**Drug Claims can be submitted electronically, all other claims must be mailed.  
Claim forms available at [www.wespeakstudent.com](http://www.wespeakstudent.com).**

**WE SPEAK**  
**STUDENT** **.COM**