

## Claims Forms

### **BELIZE**

[Direct Credit Authorization Form - Individual Health](#)

[Direct Credit Authorization Form - Group Health](#)

### **BARBADOS AND EASTERN CARIBBEAN**

[Dental Care Claim Form](#)

[Health Insurance Claim Form](#)

[Vision Care Claim Form](#)

### **TRINIDAD**

[Health Claim Form](#)

[Proof of Death Claim Form](#)

### **ST. LUCIA**

[Health Claim Form](#)