

# Your Student Health Plan

# Benefit Card



When making a pay direct drug/dental claim the pharmacy/dentist will need to know the following:

GROUP NUMBER: **510004**

PROVIDER: **ClaimSecure**  
(formerly RxPlus/Merx Health Corporation)

CERTIFICATE ID:  
(10 digit alpha numeric number)

								<b>Y</b>	<b>G</b>	<b>S</b>
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List the last 7 digits of your student number. If your student ID # is 212345567, the correct ID # would be 2345567YGS

**ALL DENTAL INQUIRIES CALL TOLL FREE 1-888-513-4464**

If mailing your claim, please mail your prescription drug/dental claim directly to ClaimSecure at PO Box 6500, Station A, Sudbury, ON, P3A 5N5