Healthcare Expenses Statement

INSTRUCTIONS

1. Complete all pages of this form in full.
2. Attach receipts for all services and retain copies for your files as original receipts will not be returned.
3. Send to the appropriate Benefit Payment Office for your policy. See Part 11.

THIS IS A: ☐ Claim for benefits ☐ Pretreatment/estimate

Part 1 – Policy holder information - You must complete this section fully.

Policy name

Policy number | Policy holder I.D. number

Policy holder name

Last name | First name

Policy holder address

Number and street | City or town | Province | Postal code

Date of birth

Day | Month | Year

Language preference

☐ English ☐ French

Part 2 – Coordination of benefits - Complete this section to indicate whether you or any member of your family have benefits coverage from any other policy.

1. Are you or any member of your family, entitled to insurance under any other policy for the expenses being claimed? ☐ Yes ☐ No

   If yes, please answer the questions below.

2. Who does the other insurance belong to? ☐ Self ☐ Spouse ☐ Child / ☐ Group ☐ Individual

   First name: _____ Last name: _____

3. If the patient is a dependant child, please provide spouse's date of birth: Day | Month

4. Is the other insurance also with Canada Life? ☐ Yes ☐ No*

   If yes, please provide: Canada Life policy number: _____ ID number: _____

5. Is treatment required as the result of an accident? ☐ Yes ☐ No

   If yes, what kind of accident? ☐ Motor Vehicle ☐ If other, please explain. _____

6. Is a claim being made for Worker's Compensation Benefits? ☐ Yes ☐ No

* If the other insurance is not with Canada Life and you have submitted these expenses to your other insurer, please attach the other insurer Explanation of Benefits (EOB) to this claim. An EOB is required even if no benefits were paid by other insurance.

Part 3 – Patient information - Complete for all expenses; one line per patient.

Patient's name First name/Last name	Patient's relationship to policy holder			Patient's date of birth			If child over 18 years				Does patient reside with policy holder?	
							Full time student?			If employed, how many hours worked per week?		
	Self	Child	Spouse	Day	Month	Year	Yes	No	Hours per week		Yes	No
	☐	☐	☐				☐	☐			☐	☐
	☐	☐	☐				☐	☐			☐	☐
	☐	☐	☐				☐	☐			☐	☐
	☐	☐	☐				☐	☐			☐	☐

canada life™

Healthcare Expenses Statement

Part 4 – Claim details - If additional space is needed, attach a separate page.

Patient name - First name/Last name	Type of expense	Nature of illness

Part 5 – Prescription drug expenses - Credit card receipts and/or debit slips alone are insufficient. Official pharmacy or clinic/physician receipts are required.

All receipts must include:

- Patient name
- Date of service
- RX number
- Drug name
- Quantity dispensed
- Drug identification number (DIN)

Please note, receipts for drugs dispensed in Ontario must include the dispense fee.

Part 6 – Paramedical expenses - For chiropractor, physiotherapist, massage therapist, psychologist, etc.

All receipts must include:

- Patient name
- Date of service
- Name of treatment provided
- Charge for each service
- Provider's name, address, telephone number, professional designation, and professional association
- Amount paid by provincial plan if applicable

Part 7 – Medical expenses - For medical equipment, appliances and services.

All receipts must include:

- Patient name
- Date item was received
- Name of item purchased or a detailed description of the services or supplies
- Charge for each item/service
- Provider's name, address, telephone number and professional designation
- Amount paid by provincial plan if applicable

Part 8 – Visioncare expenses - Laser eye surgery, glasses, contact lenses and eye exams.

Receipt details
All reciepts must include:

- Patient name
- A breakdown of charges for lenses & frames or eye exam
- Date eyewear was received
- Date the eye exam was performed and paid for

Patient name First name/Last name	**Reason for purchase of lenses (check all that apply)**			
	Initial prescription	Prescription change	Loss or breakage	None of these reasons
	☐	☐	☐	☐
	☐	☐	☐	☐
	☐	☐	☐	☐

Healthcare Expenses Statement

Part 9 – Privacy

Protecting your personal information. At Canada Life, we're committed to protecting personal information and respecting your privacy. Personal information is information that either on its own or combined with other information allows an individual to be identified. This includes your name and address, as well as more sensitive information such as your health and financial records. When applicable, this includes information about other people such as your spouse, common-law partner, and children.

How we use your personal information. Your personal information is used to provide you with products and services and to improve our business operations. This includes verifying your identity, maintaining your profile, and informing you about features of the products you already have with us. It's also used to provide you with advice, evaluate your eligibility for products, price our products, collect feedback on our customer service, process claims and other financial transactions, protect you and us from risks such as cyber threats and fraud, and comply with legal obligations. If you provided your social insurance number (SIN), we'll use it for tax reporting. Your SIN is also used to link your products together and to keep your information separate from other customers with similar names.

Who we share personal information with. We share your personal information with other people and organizations who help us administer your products and provide you with services. This may include your advisor or people who work with your advisor, our Canadian subsidiaries, and other organizations that provide us services such as paramedical examiners, medical laboratories, MIB, LLC., specialty coverage providers, independent medical examiners, and pharmacy benefits managers. As well, we may share your information with claims assessors, travel assistance providers, technology suppliers, other insurance or reinsurance companies, other financial institutions, and credit reporting agencies. As part of our day-to-day business, your personal information may be communicated to government departments and agencies and may be communicated outside your province of residence or outside Canada. We take protecting your personal information seriously and we'll never sell your personal information to anyone.

You're in control of your personal information. We respect your privacy preferences and follow them when using your personal information. At any point in your relationship with us, you can choose how your personal information is used by updating your privacy preferences through your online account or by submitting a request through our privacy centre at canadalife.com/privacy. This includes choosing whether you receive customer experience surveys, the use of your SIN for non-tax reporting purposes, and whether and how you want to receive information and offers from Canada Life using the personal information we collect from you throughout your relationship with us. You can also exercise other privacy rights through our privacy centre such as access to or correction of your personal information.

If you choose to remove your consent to the collection, use and disclosure of the personal information required to serve you and meet our legal obligations, we may not be able to continue to provide you with products and services.

Want to learn more? Please visit canadalife.com/privacy.

Part 10 – Privacy consent, authorization and signature

I understand that my personal information will be collected, used and shared as set out above.

I certify that the information given on this claim form is true, correct and complete to the best of my knowledge. I certify that all goods and services being claimed have been received by me, my spouse and/or my dependants; and that my spouse and/or dependants are eligible under the terms of my plan.

The submission of fraudulent claims is a criminal offense. Canada Life takes the submission of fraudulent claims seriously. Suspected fraudulent claims may be reported to your employer or plan sponsor and to the appropriate law enforcement agency.

I agree that by submitting this form or authorizing it to be submitted, I am consenting to the terms set out in this section, even if I have not signed the form.

Policy holder's signature X _____ **Date** Day | Month | Year

Part 11 – Submitting your claim

Please send your claim to the Benefit Payment Office below.

Questions? Call Toll Free: 1-866-430-2863

The Canada Life Assurance Company
Individual Health Unit
PO Box 6000
Winnipeg MB R3C 3A5

www.canadalife.com

Deaf or hard of hearing and require access to a telecommunications relay service?
Please contact us:
TTY to Voice: 711
Voice to TTY: 1-800-855-0511

Clear