

EXTENDED HEALTH CARE BENEFITS (EHB) AND HEALTH CARE SPENDING ACCOUNT (HCSA) CLAIM FORM

1. Personal information (Please be sure to complete all fields in this section)				
Group policy, Division and Certificate no.		Name of employer		Email address
Insured employee's name			Date of birth (mm/dd/yyyy)	Telephone
Address			City	Prov Postal Code
Is claim being made for Worker's Compensation Benefits? <input type="radio"/> yes <input type="radio"/> no		If treatment was required because of an accident, how did it happen?		Date of accident (mm/dd/yyyy)
Do you, your spouse or dependant(s) have other insurance under which expenses being claimed are eligible? <input type="radio"/> yes <input type="radio"/> no (If yes, please complete the next two lines)				
Name of policyholder			Date of birth (mm/dd/yyyy)	
Name of other insurance company			Group policy and Certificate no.	
2. The claim process (In order to process a claim, original receipt(s) must be attached)				
Retain copies of original receipts and this completed claim form for your records and for any future submission under your HCSA. If Empire Life is the second payer, include a photocopied receipt and <u>original</u> Explanation of Benefits from the first payer with your claim form. Drug claims must include an original "Official Prescription Receipt" from the pharmacist.				
For HCSA: Dental claims must include an original "Standard Dental Claim Form" from the dentist. Expenses may be for you, your spouse or your dependants, as defined by the <i>Income Tax Act (Canada)</i> - www.cra-arc.gc.ca . Eligible expenses are defined by the <i>Income Tax Act (Canada)</i> and by Revenue Canada Interpretation Bulletins.				
Your payment instructions: <input type="radio"/> Process this claim under my Extended Health Benefit first. I will coordinate with the other insurer and then re-submit any unpaid balance to my HCSA. <input type="radio"/> Process this claim under my Extended Health Benefit first, then assess any unpaid balance under my HCSA (If coordination of benefits does not apply). <input type="radio"/> Process this claim under my HCSA only. <input type="radio"/> Do not use my HCSA for this claim. Also: if my claim is only partially paid due to insufficient HCSA credits, please use any future allocation(s) to reimburse me automatically. <input type="radio"/> Yes				
3. Information about your claim				
List the names of all persons for whom you are claiming expenses. Add up all the receipts and insert the total of charges. Ensure each receipt clearly indicates the type of expense being claimed.				
Name of person for whom you are making the claim		Date of birth	Relationship to insured employee	Total of charges
				\$
				\$
				\$
				\$
4. Certification and authorization				
I certify that the statements above are complete and true and that none of the attached receipts duplicate previously submitted charges. I authorize the relevant physicians, hospitals and other service providers to release full information and records with respect to this claim to The Empire Life Insurance Company (Empire Life) and I authorize Empire Life, its agents, representatives, consultants, other insurance companies and reinsurers to collect and review this information (as deemed necessary) for the purpose of reviewing, assessing and managing this claim. I understand information pertaining to this claim may be reviewed in the event the plan is audited. I agree a photocopy of this authorization shall be as valid as the original. I understand that Empire Life may exchange information about these claims with me or any other person for whom I am making this claim or any person acting on my behalf or on behalf of the person for whom I am making the claim (as deemed necessary) for the purpose of confirming eligibility and assessing and managing the claim. If I have provided information about another person, I confirm that I am authorized to provide such information. I acknowledge:				
<ul style="list-style-type: none"> I am responsible for ensuring that all expenses submitted for payment from my HCSA qualify for the Medical Expense Tax Credit (METC) under the <i>Income Tax Act (Canada)</i>. That any dependant I claim for qualifies as an eligible dependant under the group policy or as a dependant under the <i>Income Tax Act (Canada)</i> and confirm that I am authorized to act on their behalf. 				
Signature of insured employee X				Date (mm/dd/yyyy)
5. Direct Deposit (For first request or if making a change, please include a voided personal cheque)				
<input type="radio"/> Register me <input type="radio"/> Change my details <input type="radio"/> Use my info on file		Group Policy, Division and Certificate no.		

IMPORTANT INFORMATION

Serving you promptly

For prompt payment of your claim, please be sure to include the following:

- A completed and signed claim form, including your address and postal code.
- Original receipts (If Empire Life is the second payer, include a photocopied receipt and original Explanation of Benefits from the first payer with your claim form).
- The Explanation of Benefits from your other insurance company, if you are coordinating benefits.
- A voided personal cheque if you are signing up for our convenient electronic funds transfer (EFT) or making a change to the personal information we have on file regarding your existing EFT.

Please note that:

- Missing or incorrect information may result in a delay in your payment.
- If the person you are making a claim for is not you or an eligible dependant under the group plan, ensure that they are an eligible dependant under the *Income Tax Act* (Canada) www.cra-arc.gc.ca.
- All payments from a HCSA will be made directly to the insured employee.
- Empire Life may ask for additional information in order to assess this or any future claims. Payment of this claim does not indicate future claims for these items or services will be approved.

Protecting your privacy

At Empire Life, we recognize and respect the importance of privacy. Personal information we collect will be used to assess your claim and administer the group benefits plan. Your plan sponsor may have access to a summary of the total amounts claimed by you under your HCSA for the purpose of tax or administrative reporting.

Preventing insurance fraud

Insurance fraud is an intentional act or omission with a view to illegally obtaining an insurance benefit. Fraudulent claims increase the cost of your group insurance. In the event there is evidence of fraud and/or plan abuse, this claim may be used and disclosed to any relevant organization including regulatory bodies, government organizations, medical suppliers and other insurers, and where applicable the plan sponsor, for the purpose of investigation and prevention of fraud and/or plan abuse.

Answering your questions

You can count on our Customer Service Unit for prompt and personal service when you have a question or concern. Please call our toll-free number 1 800 267-0215, Monday to Friday, 8a.m. – 8p.m Eastern time, our fax is 1-855-619-0828. You can email us at group.csu@empire.ca. Our web address is www.empire.ca.

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When completed, please mail your claim form to:

(Fold for window envelope)

The Empire Life Insurance Company
Group Health Claims
259 King St East
Kingston ON K7L 3A8