

PROTECTING YOUR BENEFITS PLAN FROM FRAUD AND ABUSE

Tips for employees

You wouldn't pay a credit card bill for something you didn't buy, would you? The same logic applies to your benefits plan—no one should pay for bogus claims. Left unchecked, fraud hurts us all by driving up plan costs. Here's how to protect your plan from fraud and abuse:

- Review your employee benefit booklet to understand your coverage
- Keep your benefit plan access information confidential
- Don't let someone else borrow your card to obtain services or products
- Ensure your receipts are correct and reflect the services received. If audited, you'll need your receipts
- Don't hesitate to ask questions about the treatment or services being prescribed
- Never sign a blank claim form
- Submit claims online whenever possible – there are more checks and balances in place to protect you and your benefits
- Use the Find a Provider tool to locate an approved Empire Life provider



Speak up against benefits fraud and abuse

If you suspect suspicious claim activity or have any questions about fraud or abuse, contact our confidential tip line at 1 800 267-0215, ext 6127 (EN) or ext 6128 (FR), or by email at group.fraud@empire.ca.

What is Benefits Fraud and Abuse?

Benefits Fraud occurs when a person intentionally submits false information for financial gain.

- Example: A clinic asks a patient to submit claims for services not performed, and they'll share in the payment.

Benefits abuse occurs from practices that, although not usually considered fraudulent, are inconsistent with accepted sound medical, dental, or business practices.

- Example: a clinic offers bonus services or monetary incentives for members to purchase products or services covered under their benefit plan.

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