

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 benefits booklet to understand your coverage
- Keep your benefits plan access information confidential
- Don't let someone else borrow your card to obtain services or products
- Ensure your receipts are correct and reflect services received. If audited, you will need your receipts
- Don't hesitate to ask questions about treatment or services being prescribed
- Never sign a blank claim form
- Use the Find a Provider tool to locate an approved Empire Life provider



Speak up against benefits fraud and abuse

If you see suspicious claim activity or have questions about fraud or abuse, contact our confidential tip line at **1 800 267-0215**. You can also email us at claims.investigations@empire.ca.



What is benefits fraud and abuse?

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

Example: You submit a claim for services not performed.

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

Example: You buy medical supplies or services because they're covered under your plan, even if they are not medically necessary.

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