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

Did you know: Three ways to claim for healthcare and dental expenses covered by your group benefits plan											
At your provider's clinic* At the clinic, pay only what the plan doesn't cover - or if you pay the full amount, real time adjudication means the money is usually back in the member's account in 24 hours.	Online and mobile With mobile or desktop submission, claims can be entered anytime, anywhere. We use real time adjudication—or after receipts reviewed—24 hour reimbursement, so you get paid faster.	Mail it Some types of claims must be submitted on paper. Complete the Extended Health Claim Form.									
*Providers eligible to submit claims on behalf of plan members: dentists, massage therapists, chiropractors, physiotherapists, vision care providers	Online via pmw.empire.ca: Acupuncture, ambulance, chiropody, chiropractor, clinical psychology, dental, dietician, drugs, eye exams, hearing test, massage, naturopathy, occupational therapist, osteopathy, physiotherapy/athletic therapy, podiatry, social worker, speech therapy, vision (glasses/contact lenses) and more.	Other services: Please mail this Extended Health Claim Form, receipt(s) and other documents.									

Please complete one form for each person.

1.	Personal information (Please be sure to complete all fields in this section)								
	Group policy, Division and Certificate no. Email address								
	Insured employee's name Date of birth (dd/mm/yy)	Phone number							
	Address City	Prov Postal Code							
	Is claim being made for Worker's Compensation Benefits? \bigcirc yes \bigcirc no								
	If treatment was required because of an accident, how did it happen?	Date of accident (dd/mm/yy)							
If you or your dependants have coverage elsewhere and you need to coordinate benefits, complete the section bel									
	Name of other insurance company	Group policy and Certificate no.							
	Name of policyholder	Date of birth (dd/mm/yy)							
2.	The claim process (In order to process a claim, original receipt(s) must be attached)								
	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. Retain copies of your original receipts for your records.								
	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 Income Tax Act (Canada)	- <u>www.cra-arc.gc.ca</u> .							
	Eligible expenses are defined by the Income Tax Act (Canada) and by Revenue Canada Interpretation Bu	ulletins.							



	Group	policy,	Division	and	Certificate	no.
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2.	The claim pro	ocess (cont'd)																										
	 Process this obligation Process this obligation Process this obligation Process this obligation Do not use meaning 	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. Process this claim under my Extended Health Benefit first, then assess any unpaid balance under my HCSA (If coordination of benefits does not apply). Process this claim under my HCSA only. Do not use my HCSA for this claim. so: if my claim is only partially paid due to insufficient HCSA credits, please use any future allocation(s) to reimburse me																										
	automatically.	Yes																										
3.	Direct Deposit - Get paid faster by registering for direct deposit of your reimbursements.																											
	For first reques	st or if your banking info	rmation chang	ged	: ple	eas	e in											:6										
	O Register me	O Change my details	O Use my ir	nfo (on 1	file			arc	oup	PO	шсу	, D	IVIS	ion	and	Ce	rtin	cate	te no.								
4.	Claim Summa	ary																										
	Name of the pe	rson for whom you are c	laiming expens	ses	1	Re	elatio	onsh	nip	to ir	ารน	ired	en	nplo	yee	:					Date	of b	pirth (dd/mm/yy)					
	Dlease ensure e	ach receipt clearly indica	tes the type of	dr	10	nro	duc	t or		rvic	o h	oin	<u> </u>	lair	ned	Lic	t th		hon	<u> </u> _		/_ aber						
		uding area code.	tes the type of	uit	Jy,	рго	, auc		30	IVIC		CITI	<i>y</i> c	lan	iicu	. LI3		ю р			Turr		<u> </u>	1000	11 011			
	Date (dd/mm/yy)	Drug, product or service	Total charges				Last Doe		me	of I	Prc	ovid	er				Ро	sta	l cod	de		Phone number						
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	Add another pag	ge if you need to claim m	ore charges.																									
5.	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: I am responsible for ensuring that all expenses submitted for payment from my HCSA qualify for the Medical Expense Tax Credit (METC) under the Income Tax Act (Canada). That any dependant I claim for qualifies as an eligible dependant under the group policy or as a dependant under the Income Tax													e plan ng this the confirm														
	Signature of ins	and confirm that I am autured employee		. 011		-11 K		~ · I ·)at	e (d	d/m	m/yy	/)				
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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 or you can email us at group.csu@empire.ca. Our web address is www.empire.ca.

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Empire Life

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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