

# 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**

<p><b>At your provider's clinic*</b></p> <p>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.</p>	<p><b>Online and mobile</b></p> <p>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.</p>	<p><b>Mail it</b></p> <p>Some types of claims must be submitted on paper. Complete the <a href="#">Extended Health Claim Form</a>.</p>
<p>*Providers eligible to submit claims on behalf of plan members: dentists, massage therapists, chiropractors, physiotherapists, vision care providers</p>	<p>Online via <a href="http://pmw.empire.ca">pmw.empire.ca</a>: Acupuncture, ambulance, chiroprody, 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.</p>	<p>Other services: Please mail this Extended Health Claim Form, receipt(s) and other documents.</p>

**Please complete one form for each person.**

<b>1. Personal information (Please be sure to complete all fields in this section)</b>					
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? <input type="radio"/> yes <input type="radio"/> 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 below.					
Name of other insurance company				Group policy and Certificate no.	
Name of policyholder				Date of birth (dd/mm/yy)	
<b>2. The claim process (In order to process a claim, original receipt(s) must be attached)</b>					
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.					
<b>For HCSA:</b>					
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) - <a href="http://www.cra-arc.gc.ca">www.cra-arc.gc.ca</a> .					
Eligible expenses are defined by the Income Tax Act (Canada) and by Revenue Canada Interpretation Bulletins.					





# 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](http://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](mailto:group.csu@empire.ca). Our web address is [www.empire.ca](http://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**