VITAL ASSIST®

Plan Member FAQ



Answers to frequently asked questions

What is the Vital Assist?

Vital Assist provides financial support in the form of a lump sum payment and a medical expense benefit in the event that you are diagnosed with a critical illness. Together, they provide valuable assistance when you need it most, so you can concentrate on what is really important—a full recovery. Your benefits booklet describes Vital Assist in more detail, including important eligibility criteria.

How does it work?

If you have met all of the criteria of one of the four Covered Conditions, you will immediately receive a lump sum payout. The amount depends on the level of coverage your employer has signed up for. You will also be eligible for an additional Medical Expense Benefit up to a maximum of \$5,000 to cover those medical expenses that may not be covered under your provincial health plan or your extended health benefits.

What are the four conditions covered?

- Cancer
- Heart Attack (Myocardial Infarction)
- Stroke
- Coronary Artery Bypass Surgery

What are the qualifying criteria?

Within 60 days of the date of diagnosis, and as a result of the covered condition, you must be:

- Confined in a hospital on an in-patient basis for 72 consecutive hours, OR
- Be absent from your place of employment for 2 consecutive weeks, with written authorization from your attending physician

Where can I find the definitions for the Covered Conditions?

Please refer to your Vital Assist Employee Guide or your Employee Benefit Booklet for further details.



Simple. Fast. Easy.®

What if I have a Stroke today and qualify for the Vital Assist, and then I am diagnosed with Cancer next year?

The Benefit is payable only once in your lifetime upon the first of the Covered Conditions to occur.

Do I have to be terminally ill to file a claim for the Vital Assist?

No, you do not have to be terminally ill but you must meet the requirements of a Covered Condition, which means be diagnosed with one of the four medical conditions as defined, and meet the qualifying criteria.

What medical expenses qualify for reimbursement through the Vital Assist Medical Expense Benefit?

Any medical expenses incurred that qualify under the Canada Revenue Agency (CRA) medical expense definition in the Income Tax Act are reimbursed up to a maximum of \$5,000. Medical expenses do not have to be related to your Covered Condition to be eligible for reimbursement.

What are some examples of Eligible Expenses that would qualify under Vital Assist Medical Expense Benefit?

Ambulance services (public or private)	Homeopathic services
Attendant care expenses	At home nurse
Cancer treatment, including treatment received outside of Canada for drugs or procedures not approved in Canada Coinsurance or Deductible from your Health or Dental plan	Renovating costs, if renovations are needed for access or mobility related to severe or prolonged impairment Travel expenses for medical treatment
Any doctor expenses	Medical tests
Prescribed drugs (Coinsurance/Deductible)	Wigs
A heart monitor	Wheelchairs and carriers

What Medical Expenses are NOT covered through the Vital Assist Medical Expense Benefit?

Any benefits that do not qualify as an eligible medical expense under the Income Tax Act are NOT eligible for reimbursement through this Benefit. Note there is also a list of Charges Not Covered under this provision set out in your Employee Booklet.

Some examples of non-eligible expenses you CANNOT claim would be:

Athletic or fitness club fees	Birth control devices (non-prescription)
Diaper services	Over-the counter medications
Personal response systems	Vitamins or supplements

How can I find out more about Eligible Expenses under Vital Assist?

Please refer to your Employee Booklet for details. For a complete list of medical expenses that qualify under the CRA medical expense definition, visit www.cra-arc.gc.ca.

How do I submit a Claim for the Lump Sum Payment?

To receive your \$5,000 Lump Sum Payment contact the Empire Life Customer Service Team at 1 800 267-0215 and the appropriate forms will be forwarded to you.

Once you have completed and submitted the forms, your Claim will be assessed and if it meets the criteria for payment, a cheque will be issued.

How do I submit a Claim for the Vital Assist Medical Expense Benefit?

Once your initial Claim for the Lump Sum Health Benefit is approved, you may submit eligible medical expenses for yourself or any eligible dependants (as defined in the Employee Booklet).

Simply complete the Vital Assist Medical Expense Claim Form, attach all original receipts for the services being claimed and submit to Empire Life for assessment/reimbursement.

How long do I have to file an initial Vital Assist Claim?

After you are diagnosed with one of the four medical conditions and have met the requirements of a Covered Condition, you have 9 months to file a Claim.

How long do I have to submit a Claim for the Vital Assist Medical Expense Benefit?

After you are have met all of the requirements of a Covered Condition (Date of Claim Eligibility), you have 12 months from that date to submit Eligible Expenses.

Are the Vital Assist benefits taxable?

Current tax interpretation is that all Vital Assist Health Benefit proceeds will be tax-free to the employee.

Are my spouse or dependants eligible for Vital Assist coverage?

No, coverage is only available for Insured Employees, however, you can claim Eligible Expenses incurred for eligible dependants under the Vital Assist Medical Expense Benefit.

When does my Vital Assist coverage terminate?

Coverage terminates for insured employees at age 65, or prior to their retirement.



Please reach out to your group advisor or our customer service team at group.csu@empire.ca.

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