

Help with this Form – Healthcare Claim Form

This form is used to submit claims for the following benefits:

- Healthcare
- Visioncare
- Drugs

This form is divided into four, easy to complete sections:

Part 1: Employee Information

This section is for information that identifies you and your benefit plan.

When accessing this form from GroupNet Online Services for Plan Members, information will be pre-filled to the greatest extent possible. Be sure to take a moment and ensure that it is complete and correct.

- If any information shown requires a change and/or correction, you can click on the blue text and edit as appropriate.

If you are filling this section out from scratch, you'll need your Employee ID number, Plan Number, Division Number, and Plan Name. Depending on where you look up the information, the Plan Number and Plan Name may be referred to as Policy Number and name. You can find the information you need on your employee benefits card, or an older Explanation of Benefits, or from your plan sponsor (i.e. employer). Don't worry if you cannot find your Division Number, it is not pertinent to your claim submission.

Part 2: Coordination of Benefits

The person your are submitting a claim for may be covered under government plans, or the benefit plan of a spouse. This section helps Canada Life determine how your claim should be processed depending on your age and circumstances.

Read down this section and determine if any of the questions apply to you. If you are claiming for yourself or a family member, and are be covered under the benefits plan of a spouse (common law or married), you'll need to fill out the name of your spouse's insurer, and their policy number.

If you or any other family member is covered under a benefits plan other than this Canada Life plan, you must check "Yes" when asked "Are you or any other member of your family entitled to benefits under any other plan?"

If any other family member (other than yourself) is insured under this benefits plan with their own benefits (i.e. are employed by the same employer as yourself), you must check "Yes" when asked does "Is any member of your family (other than yourself) insured as an employee under this plan?" If you have answered "Yes" to this question, you will be asked for your spouse's date of birth.

The screenshot shows the 'COORDINATION OF BENEFITS' section of the form. It contains the following questions and fields:

- Are you or any other member of your family entitled to benefits under any other plan? Yes No
- If "Yes", name of family member insured: _____
- Relationship to employee: _____
- Name of other insurance company: _____
- Policy Number: _____
- Is any member of your family (other than yourself) insured as an employee under this plan? Yes No
- If "Yes" to either question above, and the patient is a dependent child, please provide spouse's date of birth: _____ Day / _____ Month
- Is treatment required as the result of an accident? Yes No If "Yes", give date, location and explain how accident happened: _____
- Is a claim being made for Worker's Compensation Benefits? Yes No

This birthdate information is very important when submitting claims for a dependant child who has coverage under both you and your spouse. This is because the earliest birthdate (month/day, not year) is used to determine who's plan pays for the claim.

Part 3: Dependent Information

This section is for information that identifies your dependents covered under your benefit plan. You only need to fill out this section if you are making a claim for one or more of your dependents.

Part 4: Claim Details

This section is for information about the claim(s) that you are making. All original receipts must be attached to each claim submission (receipts will not be returned).