Extended Health Care and Health Spending Account Claim Form

Sun Life Financial

- Use this form for **all** medical expenses and services.
- Please print clearly and be sure all sections are complete to avoid delays in processing your claim.
- Attach the **original** receipt for each expense claimed and keep photocopies for your records.
- Sign on page 2 and mail your claim to the address at the bottom of page 2.
- Claims may be submitted online. Go to **www.sunlife.ca** for more information."

1 Information about you – *be sure to fully complete this section*

Contract number	Member ID number	Your plan sponsor/employer	Preferred language of correspondence
50131		**OMA Priority Insurance Program**	☐ English ☐ French

Your last name	First name	☐ Male ☐ Female	Date of birth (yyyy-mm-dd)	Daytime phone number
			_ _	_ _

Your address (street number and name)	Apartment or suite	City	Province	Postal code

2 Complete this section if you or your spouse are covered under another EHC plan

Send your claims to your own plan first. When you receive your claim statement (Explanation of Benefits), submit a copy along with copies of your receipts to your spouse's plan to claim any unpaid amount.

Send your spouse's claims to their plan first, then submit a copy of their claim statement and receipts to your plan.

Send your children's claims first to the plan of the parent whose birthday falls earlier in the year.

Are you also a member of another benefit plan? ☐ No ☐ Yes If yes, please provide details below.

Your Plan Sponsor/Employer	Contract number	Member ID number	Type of coverage
			☐ Single ☐ Family

If your other benefit plan is with Sun Life Financial, do you want us to co-ordinate benefits (process both claims)? ☐ No ☐ Yes

Is your spouse a member of another benefit plan? ☐ No ☐ Yes If yes, please provide details below.

Spouse's last name	First name	Date of birth (yyyy-mm-dd)
		_ _

Your Plan Sponsor/Employer	Contract number	Member ID number	Type of coverage
			☐ Single ☐ Family

If your spouse's other benefit plan is with Sun Life Financial, do you want us to co-ordinate benefits (process both claims)? ☐ No ☐ Yes

If yes, spouse's signature	Date (yyyy-mm-dd)
X	_ _

3 Complete this section only if you have a Health Spending Account (HSA)

If you are covered under more than one EHC plan, it is recommended that you consider submitting your claim to the other plan(s) before using your HSA. If you are using your HSA to claim for the unpaid amount previously submitted to this or another plan, attach the claim statement you received and a copy of the receipts. **Please select one of the following:**

☐ I want you to assess this claim under all Extended Health Care benefits **first** and then assess any unpaid balance under my HSA.

☐ I **do not** want to use my HSA for this claim.

☐ I want you to assess this claim under my HSA **only.**

4 Information about your claim

List the names of all persons for whom you are claiming expenses. Add up all the receipts and insert the total amount claimed per claimant. Ensure each receipt clearly indicates the type of expense being claimed.

Person for whom you are making the claim		Date of birth (yyyy-mm-dd)	Relationship to you	Full-time student	Disabled	Amount claimed
Last name	First name	_ _		☐ Yes ☐ No	☐ Yes ☐ No	$
Last name	First name	_ _		☐ Yes ☐ No	☐ Yes ☐ No	$
Last name	First name	_ _		☐ Yes ☐ No	☐ Yes ☐ No	$
Last name	First name	_ _		☐ Yes ☐ No	☐ Yes ☐ No	$
					Total claimed	$

EHC-HSA-50131-E-05-14 (G5842-E)

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4 Information about your claim – *continued*

Are you attaching receipts for out-of-Canada expenses? ☐ No ☐ Yes

If yes, tell us the date of departure from claimant's home province. Ensure the currency and amount are clearly marked on each receipt. We'll assess your claim and convert the eligible expenses to Canadian dollars.

Date (yyyy-mm-dd)	Out-of-Canada expenses claimed
_ _	$

Are any of the expenses you're claiming the result of a work injury? ☐ No ☐ Yes

If yes, did you submit your claim to the workers' compensation plan in your province, if applicable? ☐ No ☐ Yes

Are any of the expenses you're claiming the result of a motor vehicle accident? ☐ No ☐ Yes

If yes, did you submit your claim to the automobile insurance plan in your province, if applicable? ☐ No ☐ Yes

5 Authorization and Signature – *you must complete this section*

I certify that all goods and services being claimed have been received by me and/or my spouse or dependents, if applicable. I certify that the information in this form is true and complete and does not contain a claim for any expense previously paid for by this or any other plan.

If this claim is being made on behalf of my spouse and/or dependents, I am authorized to disclose information about them, for the purposes of administration and adjudicating claims. I confirm that my spouse and/or dependents, if any, also authorize Sun Life Assurance Company of Canada ("Sun Life") to disclose information about their claims to me, for the purposes of assessing and paying a benefit, if any, and managing my group benefits plan.

I authorize Sun Life and its reinsurers to collect, use and disclose information about me, and if applicable, my spouse and/or dependents needed for administration and adjudicating claims under this Plan to any other organization who has relevant information pertaining to this claim including health professionals, institutions, investigative agencies and insurers. I also understand that information pertaining to this claim may be reviewed in the event this Plan is audited.

I agree that where appropriate Sun Life and my Plan Sponsor may share financial information related to my claim for purposes relevant to the financial administration of this plan.

In the event there is suspicion and/or evidence of fraud and/or Plan abuse concerning this claim, I acknowledge and agree that Sun Life may investigate and that information about me, my spouse and/or dependents pertaining to this claim may be used and disclosed to any relevant organization including regulatory bodies, government organizations, medical suppliers, other insurers and my Plan Sponsor, for the purpose of investigation and prevention of fraud and/or Plan abuse.

If there is an overpayment, I authorize the recovery of the full amount of the overpayment from any amount payable to me under my benefit plan(s), and the collection, use and disclosure of information about this claim to other persons or organizations, including credit agencies and, where applicable, my Plan Sponsor for that purpose.

If I am making a claim under my Health Spending Account, I certify that these expenses qualify for reimbursement. I also acknowledge that the persons for whom I am making an HSA claim are eligible and include myself, my spouse and any dependents as defined under the Health Spending Account coverage. I understand that should any tax consequences arise from reimbursement of these expenses, I am responsible for payment of such taxes. I also understand that my Plan Sponsor may have access to a summary of the total amounts claimed by me under my Health Spending Account for the purposes of tax or administrative reporting.

I agree that a photocopy or electronic version of this authorization shall be as valid as the original, and may remain in effect for the continued administration of this Plan.

Any reference to Sun Life Assurance Company of Canada or the Plan Sponsor includes their respective agents and service providers.

Member's signature	Date (yyyy-mm-dd)
X	_ _

Respecting your privacy

Your privacy is important to us. We may leverage our strengths in our worldwide operations and in our negotiated relationships with third- party providers to help us service some of our customers. In some instances our employees, service providers, agents, reinsurers and any of their service providers, may be located in jurisdictions outside Canada, and your personal information may be subject to the laws of those foreign jurisdictions.

To find out about our Privacy Policy, visit our website at *www.sunlife.ca*, or to obtain information about our privacy practices, send a written request by email to *privacyofficer@sunlife.com*, or by mail to Privacy Officer, Sun Life Financial, 225 King St. West, Toronto, ON M5V 3C5.

Questions? Please visit **www.sunlife.ca** or call our toll-free number 1-800-361-6212 Monday - Friday, 8 a.m. - 8 p.m. ET

Mailing instructions – *keep a copy of your claim form and receipts for your records*

Mail your completed form to:

Sun Life Assurance Company of Canada
PO Box 2010 Stn Waterloo
Waterloo ON N2J 0A6

We will issue an Explanation of Benefits which should be kept for your records.

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