



## Medical expenses

**Drugs:** The receipts must show patient name, drug name and drug identification number (DIN).

Total amount of your drug claims

\$

**Other medical and paramedical expenses:** Receipts should indicate the provider name and address, and all dates of visits or any exams and detailed related costs. Always refer to your booklet to confirm coverage for different health practitioners and attach physician referrals where required by your contract.

Total amount of your other medical and paramedical claims

\$

**Vision care:** Receipts must indicate the provider name and address, and show separate costs for contact lenses, frames and lenses for glasses, cost and date of eye exams.

Total amount of your vision care claims

\$

**Out of country:** Claims for all medical expenses, except drugs, must first be sent to the provincial plan and then forwarded to Standard Life with provincial proof of payment and copies of all receipts. All receipts must show provider specialty, name, address and telephone number.

Reason for travel

Date of departure

Y Y Y Y M M D D

Date of return

Y Y Y Y M M D D

In what country were the expenses incurred?

Are these expenses covered under a travel insurance or other plan?

Yes

No

Were expenses incurred due to an emergency?

Yes

No

## Plan with Health Spending Account (if applicable)

Do you want any unpaid portion of this claim to be considered under your Health Spending Account?\*

Yes

No

## Accident

If the accident involves dental injury, please complete G2019.

Please describe the accident

Has any portion of these expenses been submitted to a government body for reimbursement (WSIB, CSST, ...)?

Yes

No

## Authorization

I authorize any health care professional, hospital, clinic, pharmacist, provincial health insurance plan, insurer, employer, or any other person or organization in possession of information concerning myself to release to The Standard Life Assurance Company of Canada all medical, financial, or other information deemed relevant by Standard Life, for the assessment of my claim.

I authorize The Standard Life Assurance Company of Canada to conduct all necessary investigations required in order to verify the validity of my claim. I accept that Standard Life or their authorized agents use the information provided in this form and prior claims under the same plan (if relevant) for the management of my claim and for statistical reports.

I confirm being authorized by my dependents to act on their behalf for their expenses submitted in this claim.

I consent to the use of my social insurance number as my certificate number, and understand that it is my responsibility to contact my employer/plan administrator if I prefer to use another identification number.

I certify that the information contained in this form is true, correct and complete and that the amounts shown on both the receipts and the form truly reflect the amounts actually paid for the medical care. In the event of any false statement, Standard Life will automatically reject this claim in all or in part.

A photocopy of this authorization is valid as the original.

Participant signature

Date

Y Y Y Y M M D D



### Important :

The claims expenses must be submitted only when fully paid.

If possible, please do not submit a claim until incurred expenses total at least \$100 or an amount equivalent to the deductible.

For covered expenses exceeding \$500, please submit an estimate in writing first to verify eligibility of expenses.

Attach original receipts and keep copies for your records. All receipts are destroyed after 60 days. The statement of benefits and copies of your receipts are sufficient for income tax and benefit coordination purposes.

### Note :

\* If your Health Spending Account provides for automatic reimbursement, any unpaid portion will be paid from your Health Spending Account, subject to remaining credits.

The coordination of benefits guidelines will apply.

[www.standardlife.ca](http://www.standardlife.ca)

The Standard Life Assurance Company of Canada

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