



STATEMENT OF CLAIM OUT-OF-COUNTRY EXPENSES

Please complete both sides of this form and mail to Canada Life, Attention: Out-of-Country Claims Department PO Box 6000 Winnipeg MB R3C 3A5.

When submitting your claim, be sure to attach the required provincial forms available to you by visiting www.canadalife.com or by calling our Out-of-Country Claims Department at 1-800-957-9777.

Completion of **these** forms will allow us to pay eligible claims and coordinate payment directly with your provincial health plan or with any other insurance carriers.

GENERAL INFORMATION

Name of Employee _____

Complete Mailing Address _____

Phone Number _____ E-mail Address _____

Employer _____ Plan Number _____ I.D. Number _____

PATIENT INFORMATION

Name of Patient _____ Birthdate _____

Relationship to Employee _____ Purpose for Travelling _____

Date of Departure _____ Scheduled Return Date _____

Actual Return Date _____ Country Visited _____ Currency Used _____

Please provide a brief description of the illness/injury which required treatment outside Canada:

Date of initial onset of symptoms _____ 1st date you received medical attention for these symptoms _____

Prior to leaving Canada, was the patient aware of, or receiving treatment for this condition? ☐ Yes ☐ No

If yes, what was the last treatment date in Canada? _____

I authorize Canada Life to make payment directly to the providers of the service.

Employee's Signature _____

STATEMENT OF EXPENSES

Total number of invoices/bills included with this claim _____

Please itemize the expenses below. Attach a separate page if additional space is needed.

DATE	PROVIDER	AMOUNT
TOTAL DOLLAR VALUE OF BILLS SUBMITTED		\$

PRIVACY STATEMENT

Protecting your personal information. At Canada Life, we're committed to protecting personal information and respecting your privacy. Personal information is information that either on its own or combined with other information allows an individual to be identified. This includes your name and address, as well as more sensitive information such as your health and financial records. When applicable, this includes information about other people such as your spouse, common-law partner, and children.

How we use your personal information. Your personal information is used to provide you with products and services and to improve our business operations. This includes verifying your identity, maintaining your profile, and informing you about features of the products you already have with us. It's also used to provide you with advice, evaluate your eligibility for products, price our products, collect feedback on our customer service, process claims and other financial transactions, protect you and us from risks such as cyber threats and fraud, and comply with legal obligations. If you provided your social insurance number (SIN), we'll use it for tax reporting. Your SIN is also used to link your products together and to keep your information separate from other customers with similar names.

Who we share personal information with. We share your personal information with other people and organizations who help us administer your products and provide you with services. This may include your advisor or people who work with your advisor, our Canadian subsidiaries, and other organizations that provide us services such as paramedical examiners, medical laboratories, MIB, LLC., specialty coverage providers, independent medical examiners, and pharmacy benefits managers. As well, we may share your information with claims assessors, travel assistance providers, technology suppliers, other insurance or reinsurance companies, other financial institutions, and credit reporting agencies. As part of our day-to-day business, your personal information may be communicated to government departments and agencies, and may be communicated outside your province of residence or outside Canada. We take protecting your personal information seriously and we'll never sell your personal information to anyone.

You're in control of your personal information. We respect your privacy preferences and follow them when using your personal information. At any point in your relationship with us, you can choose how your personal information is used by updating your privacy preferences through your online account or by submitting a request through our privacy centre at canadalife.com/privacy. This includes choosing whether you receive customer experience surveys, the use of your SIN for non-tax reporting purposes, and whether and how you want to receive information and offers from Canada Life using the personal information we collect from you throughout your relationship with us. You can also exercise other privacy rights through our privacy centre such as access to or correction of your personal information

PRIVACY STATEMENT CONTINUED

If you choose to remove your consent to the collection, use and disclosure of the personal information required to serve you and meet our legal obligations, we may not be able to continue to provide you with products and services.

Want to learn more? Please visit canadalife.com/privacy.

PRIVACY CONSENT, AUTHORIZATION, AND SIGNATURE

I understand that my personal information will be collected, used, and shared as set out above.

I certify that the information given on this claim form is true, correct, and complete to the best of my knowledge. I certify that all goods and services being claimed have been received by me, my spouse, and/or my dependants; and that my spouse and/or dependants are eligible under the terms of my plan.

The submission of fraudulent claims is a criminal offense. Canada Life takes the submission of fraudulent claims seriously. Suspected fraudulent claims may be reported to your employer or plan sponsor and to the appropriate law enforcement agency.

I agree that by submitting this form or authorizing it to be submitted I am consenting to the terms set out in this section, even if I have not signed the form.

Employees' Signature _____ Date _____

STATEMENT OF PROVINCIAL HEALTHCARE COVERAGE

1. Is the patient covered under their provincial healthcare plan? ☐ YES ☐ NO

2. Please ensure you complete the provincial authorization form(s) available at www.canadalife.com.

STATEMENT OF OTHER INSURANCE

1. Are you or any member of your family, entitled to insurance under any other plan for the expenses being claimed?

☐ YES ☐ NO

2. Who does the other insurance belong to? ☐ Self ☐ Spouse ☐ Child

First Name _____ Last Name _____

3. If the patient is a dependent child, please provide spouse's date of birth. (Day/Month)

4. Is the other insurance also with Canada Life? ☐ YES ☐ NO

If yes, please provide Canada Life Plan Number _____ ID Number _____

Have you sent a claim and/or otherwise contacted the other carrier about this claim? ☐ YES ☐ NO

Please sign the following statement if you have other insurance. This allows us to coordinate the payment of your claim with other insurance carriers. This statement must be signed before any benefits can be paid.

I _____ hereby authorize Canada Life and its agents to
(signature)
coordinate the payment of benefits with any other insurance carriers which may also have a liability for this claim. I hereby irrevocably direct Canada Life to make payments, receive payments, and negotiate settlements with providers and other carriers on the patient's behalf.

I further authorize Canada Life to release and/or receive medical information from providers and other carriers to facilitate the payment and coordination of this claim.