canada life™

GlobalExcel®

Out of Country/Travel Assistance Claim Form

Claim No:_____

Section 1 - Insured Person Information (Please print)

Last Name	First Name
Date of Birth _____ /_____ /_____ (M/D/Y)	Relationship to Policyholder
Provincial Health Card Number	Version Code (Ontario residents)
Home Address (Number, Street)	
City / Province / Postal Code	
Phone Number	Alternate Number
Email (optional)	Preferred Method of Communication (check all that apply) ☐ Email ☐ Phone ☐ Mail

Section 2 - Policyholder Information (Please print)

Last Name	First Name	
Date of Birth _____ /_____ /_____ (M/D/Y)	Policy No. / Plan No.	Division No.
Company / Employer		
Home Address (Number, Street)		
City	Province	Postal Code
Phone Number	Alternate Number	
Email (optional)	Preferred Method of Communication (check all that apply) ☐ Email ☐ Phone ☐ Mail	

Section 3 - Travel Details

Departure Date _____ /_____ /_____ (M/D/Y)	Return Date _____ /_____ /_____ (M/D/Y)	Destination

Section 4 - Medical Information about the Claimant

Please describe briefly why medical attention was sought	
When did the symptoms first appear _____ /_____ /_____ (M/D/Y)	
Name of Medical Facility where you consulted	Telephone Number of Medical Facility where you consulted

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Section 5 - Other Insurance Coverage

Do you and/or your spouse or child have other travel insurance benefits?

Employer, retiree, or other group plan:	☐ No ☐ Yes	If yes, please complete Section A below
Credit card:	☐ No ☐ Yes	If yes, please complete Section B below
Any other coverage:	☐ No ☐ Yes	If yes, please complete Section C below

Section A - Employer, Retiree or Other Group Plan

Insurance Company		Phone No.
Policy No.	ID No.	Name of the Insured

Section B - Credit Card

Issuing Bank	Card No. (First 6 and last 4 digits)

Section C - Other Coverage

Insurance Company		Policy No.
Phone No.	U.S. Medicare: ☐ Yes ☐ No ☐ Type A ☐ Type B ☐ Both Enrollment Number:	

If, at the time of loss, you have similar coverage with another provider (i.e. credit card, travel insurer, employment group health plan, private or provincial, auto plan, U.S. Medicare, etc.), we will coordinate benefits in accordance with the CLHIA guidelines.

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Section 6 - Declaration / Authorization / Signature

The Canada Life Assurance Company ("Canada Life") has appointed Global Excel Management Inc. ("Global Excel") as the provider of Travel Assistance and Out of Country claims services under this policy.

The Insurer, its Agents and Administrators are obliged to collect and retain certain personal information and/or health information about you in connection with your insurance coverage. They use and disclose that information only for the purposes of administering your policy/policies of insurance, providing customer service and assessing and paying claims.

In this section, *you* and *your* mean the claimant and/or the insured person, as applicable. If the insured person is your minor child, you are also signing this form on his or her behalf.

- I direct and authorize my provincial government health insurance plan (GHIP) to make a payment in respect of my claim for out-of-country health services to Global Excel directly and I hereby release GHIP, upon payment to Global Excel from any further claim or cause of action in connection herewith.
- I hereby consent and authorize GHIP to directly or indirectly collect and use personal information including personal health information related to payment of my claim for out of country services.
- I authorize Global Excel to coordinate the payment of benefits with any other insurance carriers which may also have a liability for this claim. I hereby irrevocably direct Global Excel, to make any payments, receive payments and settle with other carriers on my behalf.
- I authorize any other insurance carrier to release and exchange with Global Excel or its representatives any medical or benefits payment information relating to this claim.
- I authorize Global Excel, including its representatives, to disclose to Canada Life any information relating to this claim that it may have in its possession including information it obtains from third parties. I am aware that any authorization I provide to Global Excel to obtain information about this claim from any third party is also an authorization for Canada Life to obtain copies of the information.
- I consent to Global Excel communicating with me via electronic means regarding my claim at the email address I have provided, and understand that this communication will contain personal information.
- I certify that the information I provided is true and correct to the best of my knowledge. I understand that this claim shall be void if, whether before or after the loss, I concealed or misrepresented any facts, or if any documents received regarding this claim have concealed or misrepresented any fact or circumstances concerning this claim.
- I authorize any licensed physician, medical practitioner, hospital, clinic, other medical facility or provider of health care, insurer or reinsurer, provincial health insurance plan and employer(s) to provide Global Excel, and its representatives employed to assist in the administration of the claim, any information, including personal information, data or records that are in their possession/knowledge regarding my medical history and treatment.
- I understand that if I am a dependent under this insurance coverage, the named insured person will have access to information related to this claim in connection with the administration of this plan.
- *Attention to Travel Service Providers*: I hereby authorize and direct that you release to Global Excel or its representative any and all information you have regarding my travels or use of your travel services for the purpose of determining my eligibility for coverage and or for benefits under my policy.
- I hereby consent to the use by Canada Life, its Agents and Administrators of the personal and health information about me disclosed herein and in all documents or information provided in connection with my insurance coverage for the purposes cited above. This consent is effective for one year from the date of services provided and I may revoke this consent in writing at any time by advising Global Excel.
- A photocopy of this authorization shall be considered as effective and valid as the original. This authorization shall be considered valid for the duration of the claim, but not to exceed one year from the date signed.
- I authorize Global Excel to deposit all personal claim payments directly to the account indicated on this form.

Insured Name: _____

Insured Signature: _____ **Date** ____ /____ /____ **(M/D/Y)**

If I am not the Insured Person:

- **Use this section if you are completing the claim form on behalf of someone else.**
- In providing this authorization to collect personal information about the Insured Person relating to this claim, I the undersigned do hereby certify that I have appropriate permission from the Insured Person to authorize the collection, use and disclosure of their personal information as authorized above and that the Insurer and its agents and reinsurers may rely and act upon my authorization.

Authorized Person's Name: _____

Relationship to the Insured Person: _____

Authorized Person's Address: _____

Authorized Person's Signature: _____ **Date** ____ /____ /____ **(M/D/Y)**

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Section 7 - Incurred Expense List

No.	Name of Clinic, Doctor, Dentist, Hospital, Pharmacy	Description of Expense	Date	Amount Billed	Amount Paid	Outstanding Balance	Currency	Receipt included (Check the appropriate box)
1								☐ Yes ☐ No
2								☐ Yes ☐ No
3								☐ Yes ☐ No
4								☐ Yes ☐ No
5								☐ Yes ☐ No

Comments

Clearly indicate which invoice(s) have been paid. Keep a copy of this form (as well as copies of all supporting documents) for your records.

The processing of your claim will be delayed for any of the following reasons:

- A delay in receiving medical information from your treating doctor or physician in Canada.
- A delay in receiving medical records from the treating facility at your travel destination.
- An incomplete claim form.
- Insufficient (or incorrect) supporting documentation.

It is possible that you could receive invoices or reminder notices directly from the health care providers you consulted while travelling. Should this occur, please forward these notices to Global Excel Management.
Should you receive any phone calls regarding your invoices, please direct the caller(s) to Global Excel Management.

We request that you not pay any medical accounts directly to providers, unless you have been advised to do so by Global Excel Management.

Section 8 – Preferred Method of Reimbursement

Please complete this form only when providing new or updated information.

Please visit www. globalexcel.com/canadalife to log in or register to our secure claimant portal and choose your preferred method of reimbursement. You can also change your method of reimbursement by completing this section.

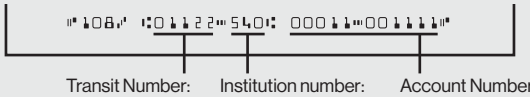
☐ **Interac e-transfer (For payments less than 10,000 CAD).**

By providing your email address, you will receive an email notification once your claim is settled and may directly deposit your reimbursement to the online banking platform of your choice.

Email address: _____

☐ **Direct deposit (CAD only).**

By providing your banking information, your claim payments will be deposited directly to your account and you will get an email notification when your claim is settled.



Transit Number: ☐☐☐☐☐ Institution number: ☐☐☐ Account Number: ☐☐☐☐☐☐☐☐☐☐☐☐

☐ **Cheque**

Submitting your claim

The completed & signed claim forms and applicable supporting documents can be returned to our office by selecting the method most convenient for you:

☐ **Online** Visit: **www.globalexcel.com/canadalife**
Create an account and upload your required documents.
Your information is automatically saved and can be reviewed at any time.

☐ **Mail**

Canadian Mailing Addresses		**U.S.A. Mailing Address** (for claim submission from the U.S.A.)
Global Excel Management Inc. P.O. Box 1237 Station A Windsor, ON N9A 6P8	Global Excel Management Inc. 3355 Munich Court Windsor, ON N8N 5G2	Global Excel Management Inc. 535 Griswold St Suite 111-605 Detroit, MI 48226

***Please do not send registered mail to the PO Box address, it must be sent via standard mail**

☐ **Email** **canadalife.claims@globalexcel.com**

IMPORTANT

You may be contacted to answer questions, to provide additional documentation, or clarifications relating to your claim submission.

Global Excel Management Inc.
canadalife.claims@globalexcel.com
Canada or U.S.A 1-866-530-6025 (toll free)
All other countries 1-905-816-1990 (collect)