

OUT-OF-COUNTRY BENEFITS CLAIM FORM

Benefits for medical and travel expenses incurred outside of Canada are subject to the limitations and exceptions outlined under the Emergency Travel Medical Benefit.

Please fully complete both sides of this statement of claim, including any attached Government Assignment Forms. Your claim cannot be considered unless these forms are completed in full.

POLICYOWNER INFORMATION

Policyowner name _____

Policyowner address _____

Phone number: Home _____ Work _____

Policy number ____ - ____

PATIENT INFORMATION

Name of patient _____

Address (if not the same as above) _____

Relationship to policyowner _____

Date of birth _____ / _____ / _____
DAY MONTH YEAR

Address _____

City	Province	Postal Code
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[illegible]

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

Employee's signature: _____

STATEMENT OF OTHER INSURANCE

If the patient is entitled to travel and/or medical insurance benefits under any other policy (this includes other group insurance coverage, individual travel plans, or credit card plans) please provide the following information:

Type of coverage ☐ Group ☐ Individual ☐ Credit Card

Name of insurance company _____

Policy or plan number _____

Identification number _____

Have you submitted a claim or contacted the other insurance company about this claim? ☐ Yes ☐ No

Type of coverage ☐ Group ☐ Individual ☐ Credit Card

Name of insurance company _____

Policy or plan number _____

Identification number _____

Have you submitted a claim or contacted the other insurance company about this claim? ☐ Yes ☐ No

CLAIM INFORMATION

Purpose for travelling: ☐ Vacation ☐ Business ☐ Other (specify) _____

Country visited: _____

Date of departure from home province _____ / _____ / _____ Date of return to home province _____ / _____ / _____
DAY MONTH YEAR DAY MONTH YEAR

What is the date you were originally scheduled to return to your home province? _____ / _____ / _____
DAY MONTH YEAR

Total value of receipts \$ _____ Currency _____

Is patient eligible for benefits under their provincial health plan? ☐ Yes ☐ No

If No, please explain _____

Please provide a brief description of the details surrounding your claim.

What was the date of the initial onset of illness and/or injury? _____ / _____ / _____
DAY MONTH YEAR

If the patient was under age 60 on the policy effective date or its renewal date, please answer the following:

In the entire six month period immediately before leaving their home province:

- Did the patient experience any new symptoms or an increase in the frequency or severity of symptoms? ☐ Yes ☐ No
- Did the patient require medical attention consultation, diagnosis, treatment or hospitalization? ☐ Yes ☐ No
- Did the patient receive or require oxygen treatment or a change in treatment or medication (including dosage or usage)? ☐ Yes ☐ No

If the patient was age 60 or over on the policy effective date or its renewal date, please answer the following:

In the entire 365-days immediately prior to leaving their home province:

- Did the patient experience any new symptoms or an increase in the frequency or severity of symptoms? ☐ Yes ☐ No
- Did the patient require medical attention, consultation, diagnosis, treatment or hospitalization? ☐ Yes ☐ No
- Did the patient receive or require oxygen treatment or a change in treatment or medication (including dosage or usage)? ☐ Yes ☐ No

DECLARATION AND AUTHORIZATION

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.

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.

Policyowner (print full name) _____

Signature _____

Date _____

IMPORTANT: Please answer all questions. This claim will be returned to you if it is incomplete or contains errors. All claims under this plan are submitted by the policyowner. We may exchange personal information about claims with the policyowner and/or a person acting on their behalf when necessary to confirm eligibility and to mutually manage the claims.