HEALTHCARE EXPENSES STATEMENT
(Medical, Vision, Drugs)

INSTRUCTIONS: Attach the bills and receipts for all expenses and itemize them by providing all the information requested.
Note: Drug bills and receipts, other than those required for government drug plans, are part of our records and will not be returned. Therefore, please retain the itemization of expenses that will accompany our cheque or explanation for Income Tax purposes.

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 his or her behalf when necessary to confirm eligibility and to mutually manage the claims.

SEND THIS CLAIM TO:

The Canada Life Assurance Company
Individual Health Unit
PO Box 6000
Winnipeg MB R3C 3A5

For inquiries call: 1-866-430-2863

Please print

POLICYOWNER INFORMATION

Policy Number _____

Policyowner Name (please print) _____

Policyowner Address _____

Phone Number: Home _____ Work _____

COORDINATION OF BENEFITS

1. Are you or any other member of your family entitled to benefits from any other source? ☐ Yes ☐ No ☐ Group ☐ Individual

   If Yes, name of family member insured _____

   Name of other insurance company _____

   Policy number _____

2. Is treatment required as the result of an accident? ☐ Yes ☐ No If Yes, give date, location and explain how the accident happened.

   _____

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

DEPENDANT INFORMATION

Patient Name	Relationship to Policyowner	Date of Birth			Does patient reside with you?	Full-Time Student?	If child over 18 years: If student, how many hours per week?	If child over 18 years: Employed?	If child over 18 years: How many hours worked per week?
		Year	Month	Day	YES NO	YES NO		YES NO	
					☐ ☐	☐ ☐		☐ ☐	
					☐ ☐	☐ ☐		☐ ☐	
					☐ ☐	☐ ☐		☐ ☐	
					☐ ☐	☐ ☐		☐ ☐	
					☐ ☐	☐ ☐		☐ ☐	

CLAIM DETAILS *(If additional space is needed, attach a separate page)*

DRUG EXPENSES

Patient Name	Number of Receipts	Total Charge

OTHER EXPENSES

Type of Expense	Nature of Illness	Total Charge

(continued on other side)

HEALTHCARE EXPENSES STATEMENT
(Medical, Vision, Drugs)

PRIVACY

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.

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 the goods and services being claims have been received by me, my spouse and/or my dependents: and that my spouse and/or dependents 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 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.

Signature _____ Date _____

Clear