

HCF

## Extended Health Care Claim Form

• Use this form for **all** medical expenses and services. For dental expenses, please use the *Dental Claim Form*.

Page **1** of 2

EHC-E-06-10

- Please print clearly and be sure all sections are complete to avoid delays in processing your claim.
- Attach the **original** receipt for each expense claimed and keep photocopies for your records.
- Sign on page 2 and mail your claim to the address at the bottom of page 2. Some plans allow claims to be submitted online at **www.sunlife.ca.**

English   French   First name   First name   Male   Female   Province   Postal code	1 Information ab	out you – be sure	e to ful	ly complete this sed	ction					
Complete this section if you or your spouse are covered under another plan   Apartment or suite   Gity	Contract number	Member ID number		Your plan sponsor/emp	loyer					
Complete this section if you or your spouse are covered under another plan   Province   Potal code	50833								English [	French
Complete this section if you or your spouse are covered under another plan   Individual content of the plan of the plan of the parent whose birthday falls earlier in the year.   Yes   If yes, please provide details below.   Date of birth (yyyy-mm-dd)   Type of coverage   Part time   Part tim	our last name		First na	ame			Date of	birth (yyy	y-mm-dd)	Daytime phone number
Complete this section if you or your spouse are covered under another plan  and your claims to your own plan first. When you receive your claim statement, send a copy plus copies of your receipts to your spouse and your children's claims first to the plan of the parent whose birthday falls earlier in the year.  and your spouse's claims first to the plan of the parent whose birthday falls earlier in the year.  your spouse a member of another benefit plan?   No   Yes   If yes, please provide details below.  Pour spouse's benefit plan a with Sun Life Financial, do you want us to process the claim through both benefit plans?  your spouse's benefit plan a with Sun Life Financial, do you want us to process the claim through both benefit plans?  your spouse's benefit plan a with Sun Life Financial, do you want us to process the claim through both benefit plans?  your spouse's benefit plan a with Sun Life Financial, do you want us to process the claim through both benefit plans?  your spouse's benefit plan a with Sun Life Financial, do you want us to process the claim through both benefit plans?  your spouse's benefit plan a with Sun Life Financial, do you want us to process the claim through both benefit plans?  your spouse's benefit plan a with Sun Life Financial, do you want us to process the claim through both benefit plans?  In formation about your claim  It the names of all persons for whom you are claiming expenses. Add up all the receipts and insert the total amount claimed. Ensure excipt clearly indicates the type of expense being claimed.  Date of birth (yyyy-mm-dd)  Relationship to you  Full-time						☐ Female			_	
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your spouse a member of another benefit plan?   No   Yes   If yes, please provide details below.  First name   Date of birth (yyyy-mm-dd)   Type of coverage   Single   Family   To you claiming any expenses that are NOT covered under your spouse's plan?   No   Yes   If yes, please specify:  Your spouse's benefit plan is with Sun Life Financial, do you want us to process the claim through both benefit plans?   Contract number   Member ID number   Date (yyyy-mm-dd)   Date (yyy-mm-dd)   Date (yyyy-mm-dd)   Date (yyyy-mm-dd)   Date (yyyy-mm-dd)   Date (yyyy-mm-dd)   Date (yyyy-mm-dd)   Date (yyyy-mm-dd)	, .		rst, the	n send a copy of tl	neir claim statem	ent and rece	ipts to	your pla	an.	
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e you also a member of another benefit plan?   No   Yes   If yes, please provide details below.    Prese of coverage   Are you claiming any expenses that are NOT covered under your other plan?   No   Yes   If yes, please specify:	If your spouse's benefit plan is with Sun Life Financial, do			nt us to process the claim	_	•				Member ID number
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e you also a member of another benefit plan?	pouse's signature									Date (yyyy-mm-dd)
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Total claimed  Set you attaching receipts for out-of-Canada expenses?   No   Yes   Y		· ·		1.1	A 1.1 11 (b			- 4 - 4 - 1		deline de Processos
Son for whom you are making the claim    Standard   Sta					Add up all the r	eceipts and i	nsert th	ie total	amount	claimed. Ensure ea
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yes, tell us the date of departure from claimant's home province. Ensure the rrency and amount are clearly marked on each receipt. We'll assess your claim d convert the eligible expenses to Canadian dollars.  e any of the expenses you're claiming the result of a work injury?  yes, did you submit your claim to the workers' compensation plan in your province, if applicable?  e any of the expenses you're claiming the result of a motor vehicle accident?  yes, did you submit your claim to the automobile insurance plan in your province, if applicable?  No Yes  yes, did you submit your claim to the automobile insurance plan in your province, if applicable?										\$
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## 4 Authorization and Signature – you must complete this section

I certify that all goods and services being claimed have been received by me and/or my spouse or dependents, if applicable. I certify that the information in this form is true and complete and does not contain a claim for any expense previously paid for by this or any other plan.

If this claim is being made on behalf of my spouse and/or dependents, I am authorized to disclose information about them, for the purposes of underwriting, administration and adjudicating claims. I confirm that my spouse and/or dependents, if any, also authorize Sun Life Assurance Company of Canada ("Sun Life") to disclose information about their claims to me, for the purposes of assessing and paying a benefit, if any, and managing my group benefits plan.

I authorize Sun Life and its reinsurers to collect, use and disclose information about me, and if applicable, my spouse and/ or dependents needed for underwriting, administration and adjudicating claims under this Plan to any other organization who has relevant information pertaining to this claim including health professionals, institutions, investigative agencies and insurers. I also understand that information pertaining to this claim may be reviewed in the event this Plan is audited.

In the event there is suspicion and/or evidence of fraud and/or Plan abuse concerning this claim, I acknowledge and agree that Sun Life may investigate and that information about me, my spouse and/or dependents pertaining to this claim may be used and disclosed to any relevant organization including regulatory bodies, government organizations, medical suppliers and other insurers, and where applicable my Plan Sponsor, for the purpose of investigation and prevention of fraud and/or Plan abuse.

If there is an overpayment, I authorize the recovery of the full amount of the overpayment from any amount payable to me under my benefit plan(s), and the collection, use and disclosure of information about this claim to other persons or organizations, including credit agencies and, where applicable, my Plan Sponsor for that purpose.

I agree that a photocopy or electronic version of this authorization shall be as valid as the original, and may remain in effect for the continued administration of this Plan.

Any reference to Sun Life Assurance Company of Canada or the Plan Sponsor includes their respective agents and service providers.

Member's signature	Date (yyyy-mm-dd)
X	

## Respecting your privacy

Your privacy is important to us. We may leverage our strengths in our worldwide operations and in our negotiated relationships with third-party providers to help us service some of our customers. In some instances our employees, service providers, agents, reinsurers and any of their service providers, may be located in jurisdictions outside Canada, and your personal information may be subject to the laws of those foreign jurisdictions.

To find out about our Privacy Policy, visit our website at *www.sunlife.ca*, or to obtain information about our privacy practices, send a written request by e-mail to *privacyofficer@sunlife.com*, or by mail to Privacy Officer, Sun Life Financial, 225 King St. West, Toronto, ON M5V 3C5.

Questions? Please visit www.sunlife.ca or call toll-free 1-800-361-6212 Monday - Friday, 8 a.m. - 8 p.m. ET

## **Mailing instructions** – keep a copy of your claim form and receipts for your records

Mail your completed form to the claims office nearest you.

Sun Life Assurance Company of Canada

PO Box 11658 Stn CV Montreal QC H3C 6C1 Sun Life Assurance Company of Canada

PO Box 2010 Stn Waterloo Waterloo ON N2J 0A6