

All claims must be submitted to Securian Canada at the address below no more than 180 days following the date on which the expenses are incurred.

Claimants must provide a valid Canadian address for reimbursement. Claimant reimbursement cheques will not be issued to a non-Canadian address.

1. Member information

Member identification number		Policy number 017896	Plan sponsor College International Health Insurance Plan	
First name		Middle initial	Last name	
Date of birth (dd-mm-yyyy)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Telephone number	Email address	
Canadian address (street number and name)				Apartment or suite
City		Province	Postal code	

2. Claimant information

Attach ORIGINAL receipts indicating that you have paid the provider in full (photocopied bills/receipts are not acceptable).

Person for whom you are making the claim

Last name	First name	Date of birth (dd-mm-yyyy)	Amount claimed \$
			Total claimed \$

3. Authorization and signature

This section is to be completed when reimbursement is made directly to the claimant.

Authorization

I authorize the healthcare provider/clinic named above to submit claims on my behalf and my dependents (if applicable) to Securian Canada.

I authorize Securian Canada, its agents and services providers and as applicable the plan administrators to collect, use and exchange information needed for underwriting, administration, adjudicating claims and claims management under this insurance coverage. This information can be shared with any person or organization who has relevant information about me including health professionals, government agencies, provincial health care plan, institutions, investigative agencies insurers, re-insurers and, as applicable, the plan sponsor and plan administrator.

If there is suspicion of fraud and/or abuse related to my claim, I understand and agree that Securian Canada its agents and service providers may exchange information about my claim for the purpose of investigation and prevention of fraud and/or abuse with any relevant organization, including as applicable the plan sponsor and plan administrator, law enforcement bodies, regulatory bodies, government organizations and other insurers.

If there is an overpayment, I authorize the recovery of the full amount of the overpayment from any amount payable to me. If I am submitting claims for my spouse and/or dependents, I confirm that I am authorized by them to disclose personal information about them for the purposes described above to Securian Canada, its agents and services providers and any person or organization who has relevant information about them including health professionals, government agencies, provincial health care plan, institutions, investigative agencies insurers, re-insurers and, as applicable, the plan sponsor and plan administrator.

Securian Canada is the brand name used by Canadian Premier Life Insurance Company and Canadian Premier General Insurance Company to do business in Canada. Policies are underwritten by Canadian Premier Life Insurance Company. For more information visit www.securiancanada.ca or call 1-844-894-0378.

3. Authorization and signature (continued)

Any reference to Securian Canada or the Plan Sponsor includes their respective agents and service providers.

Important

Check one of the following boxes:

- Payment is to be made to the member. **(Member signature is required below). Enclose all receipts (proof of payments) with your submission and keep a copy for your records.**
- Payment is to be made directly to the provider **(physician or nurse practitioner).**
- Payment is to be made to the facility **(hospital/Med Prof Corp/Clinic).**

Member's signature X	Date (dd-mm-yyyy)
Guardian's last name (required if member is 15 years old or younger)	First name
Guardian's signature X	Date (dd-mm-yyyy)

4. Provider information

Sections 4 and 5 need to be fully completed in the absence of an invoice with the same information.

Provider's name	Physician's name	
Address of provider (street number and name)	Apartment or suite	
City	Province	Postal code
Provider ID number (if known)	Telephone number	

5. Statement of services (This section needs to be fully completed in the absence of an invoice with the same information.)

Service date (dd-mm-yyyy)	Description of service	OHIP procedure code (plus) time units, if applicable	Charge	Diagnosis or reason for visit

I declare that the above is a correct statement of the services rendered.

Provider's signature (a signature is required only in the absence of an invoice) X	Date (dd-mm-yyyy)
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6. Respecting your privacy

Respecting your privacy is a priority for Securian Canada. We collect information from application forms and other information you provide to us or our distribution partners in connection with insurance and/or financial products offered by us, as well as (with your consent) through independent medical or vocational assessments, if applicable, and from physicians, medical practitioners, hospitals, clinics or other medical or medically related facilities, insurance companies, MIB, LLC. ("MIB"), and other agents, governments agencies or other organizations, institutions, or persons that have health records, if applicable. We collect, use and disclose your personal information for purposes that include: confirming your identity, underwriting, including determining your eligibility or need for insurance and/or financial products you request; administration and servicing; claims adjudication; protecting against fraud, errors or misrepresentations; and meeting legal, regulatory or contractual requirements. We, and our affiliates, may use the personal information for the purpose of offering you, or allowing select organizations to offer you, other products and services. You may withdraw your consent for this purpose at any time by phone at: 1-888-968-4155 or by mail at: Privacy Office, 25 Sheppard Avenue West, Suite 1400 Toronto, ON M2N 6S6. We will give access to your personal information only to those of our employees and independent contractors, affiliates within our corporate group, administrators, distribution partners, and other third-party service providers and outsourcers, along with our reinsurers, who need your personal information to do their jobs. We will also provide access to anyone else you authorize. All of our service providers with whom we have a contractual

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relationship are required to protect your personal information in accordance with this privacy statement and our privacy practices. Sometimes, unless we are otherwise prohibited, these people may be in, or your personal information may be stored on servers located in, other provinces in Canada or in countries outside Canada, so your personal information may be subject to the laws of those other provinces or countries. You can ask for the information in our files about you and, if necessary, ask us in writing to correct it. To find out more about our privacy practices, visit <http://www.securiancanada.ca/privacy-statement>.

Questions? Please visit www.securiancanada.ca or call our toll-free number 1-888-206-9004.

How to submit your completed claim form



Mail your claim form and receipts to:

Securian Canada
Box 963 Stn A,
Toronto, ON, Canada M5W 1G5

Members and providers direct their questions to the toll-free phone number of 1-888-206-9004, Monday - Friday 8:30am - 8pm ET.



Health Care Providers: Email us the claim form and receipts to AAclaims@securiancanada.ca ONLY one member claim per email. Email subject line should include: Policy # 017896 and the Member ID.

Although Securian Canada uses reasonable means to protect the security and confidentiality of the email content it sends and receives, should you choose to send us your claim form by email, the privacy or security of your email cannot be guaranteed.