INDUSTRIAL ALLIANCE
INSURANCE AND FINANCIAL SERVICES INC.

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www.inalco.com

GROUP INSURANCE

According to your province of residence, please submit form to:

Quebec
Group Health and Dental Claims
PO Box 800, Station Maison de la Poste
Montreal, Quebec H3B 3K5

Ontario, Atlantic and Western Provinces
Group Health and Dental Claims
PO Box 4643, Station A
Toronto, Ontario M5W 5E3

CLAIM FORM
HEALTH SPENDING ACCOUNT

1. MEMBER INFORMATION

Policyholder's name _____

Policy no. |_|_|_|_|_| Division no. |_|_|_| Class no. |_|_|_|

Member's last name _____ First name _____

Certificate no. _____ Date of birth Y |_|_|_|_| M |_|_| D |_|_| Sex: ☐ M ☐ F Language: ☐ E ☐ F

2. REIMBURSEMENT PROCEDURE

IMPORTANT NOTE:

Only unpaid portions of expenses for which reimbursement is not eligible through a health or dental plan (including individual and government plans) can be claimed under your health spending account.

It is important that you keep a copy of all receipts as they will not be returned by Industrial Alliance. In addition, the receipts will be destroyed 60 days after they are received by Industrial Alliance.

Is a portion of the expenses eligible to be reimbursed under your group policy with Industrial Alliance? ☐ Yes ☐ No

If "yes," you must:

- Complete a standard Industrial Alliance medical expenses or dental care claim form. For a claim that has already been submitted, send a receipt or an explanation of benefits.
- Attach all claim forms and original receipts.
- Complete section 4 of this form.

If a portion of the expenses are not eligible to be reimbursed under your group policy with Industrial Alliance, are they eligible to be reimbursed under another plan (including individual and government plans)? ☐ Yes ☐ No

If "yes," you must:

- Attach a copy of the claim form, a copy of the receipts and the original explanation of benefits statement from the other plan.
- Complete sections 3 and 4 of this form.

If no portion of the expenses are eligible to be reimbursed under your group policy with Industrial Alliance or any other plan, you must:

- Attach the original receipts (including procedure codes if you are submitting a dental claim) with the amounts to be reimbursed circled or highlighted.
- Complete sections 3 and 4 of this form.

3. EXPENSES TO BE REIMBURSED

NAME (member or dependent)	RELATIONSHIP TO THE MEMBER	DATE OF BIRTH Y M D	DESCRIPTION OF EXPENSE	AMOUNTS TO BE REIMBURSED FOR EACH EXPENSE
				$
				$
				$
				$
			Total	$

YOU MUST COMPLETE AND SIGN THE CONFIRMATION/AUTHORIZATION ON THE REVERSE SIDE.

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4. MEMBER CONFIRMATION/AUTHORIZATION

I HEREBY CONFIRM:

(1) that the information contained in this claim form is true and complete to the best of my knowledge;

(2) that the expenses were incurred by myself or one of my dependents and that such expenses are not eligible for reimbursement under the group policy with Industrial Alliance or any other plan and qualify for reimbursement under my health spending account;

(3) that the persons for whom I am making a claim are eligible and that if the claim is being made on behalf of a dependent, I am **AUTHORIZED** to disclose information about them with respect to the claim; and

(4) that I understand that any expenses for which I am reimbursed under my health spending account cannot be claimed for income tax purposes and should any tax consequences arise from the reimbursement of these expenses, I am responsible for payment of such taxes.

On behalf of myself and my dependents:

(1) I RELEASE the information contained in this claim form to Industrial Alliance, its employees, agents, reinsurers and service providers for the purposes of underwriting, administration and processing of the claim; and

(2) I AUTHORIZE any healthcare provider or professional, medical organization, insurance or reinsurance company, workers' compensation board, the policyholder, my employer, and any other person, private or public organization or institution to disclose to Industrial Alliance, its employees, agents, reinsurers and service providers any information regarding the expenses which they may need in the assessment of the claim.

(3) I UNDERSTAND AND AUTHORIZE that in the event there is reasonable suspicion of or any evidence of fraud or abuse regarding the claim, Industrial Alliance will have the right to use and exchange any information related to the claim with any relevant regulatory, investigative or government body, any healthcare provider or professional medical organization, insurance company or reinsurer, the policyholder, my employer or any other party as provided by law for the purpose of investigating any such fraud or abuse.

I UNDERSTAND that personal information may be subject to disclosure to those authorized under the applicable laws within or outside of Canada.

I AUTHORIZE Industrial Alliance to release to my employer/policyholder the amount of my account balance under the health spending account when required for the provision/management of the health spending account.

I AUTHORIZE the use of my Social Insurance Number as an identification number when it is required for the administration of the health spending account.

I AGREE that a photocopy of this Confirmation/Authorization shall be as valid as the original.

Member's signature X _____ **Date** Y M D

Address _____ Postal code

Tel. home Tel. work Ext.

YOUR SPENDING ACCOUNT

ADDITIONAL INFORMATION

What expenses qualify for reimbursement

1. All expenses that qualify for the medical expense tax credit under the *Income Tax Act* are eligible. These may include expenses not covered by your heath or dental coverage (if any) under the group policy with Industrial Alliance.
2. Expenses which have been paid (or are eligible to be paid) by any other plan (including individual and government plans) do not qualify for reimbursement.

Filing a claim

1. The health spending account is only to be used for expenses or a portion of the expenses which are not covered elsewhere. As a result, when making a claim for expenses:
   (a) of which a portion is payable under the group policy with Industrial Alliance, you must submit the claim under the policy at the same time you submit it under your health spending account; or
   (b) of which a portion is payable under a plan other than the group policy with Industrial Alliance, you must first submit the claim under such plan. After a benefit has been paid under the plan, you should then submit the unpaid portion of the claim for payment under your health spending account.
2. Any receipts (copies or originals) which you submit with a claim must include the following information:
   - Name of claimant
   - Nature of the treatment or type of medical product
   - Name of the prescribing physician
   - The date the claim was incurred
   - The amount charged

Before submitting a claim, make sure you have fully completed and signed all forms. Incomplete forms will delay the processing of your claim.

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