

Welcome to the online claim transmission tool.

In just minutes, you can submit your health, dental care and drug claims.
You can also submit your claims for your health spending account expenses.

Steps 1 & 2 - Validate your personal and bank information

You must first validate your personal and banking data. These steps are important because your reimbursements, if any, and your explanation of benefits will be based on information found on this screen.

If the information is accurate, you can move on to the next step. If any changes are required, two options are available to you.

You can always change your banking information online under the *Direct Deposit* tab.

Then, you should confirm if the information on the dependents in your file is correct.

If you have access that allows you to change your personal information, you can do it from the *Your personal information* tab. Your plan administrator must approve your request.

If your access does not allow you to change your information, you must contact your administrator to make your changes.

Once your changes are made, you can submit your claims.

Steps 3 - Terms of Use

To proceed with your online transmission, you must read and accept the terms of use. It is important to keep your original receipts for at least 12 months – Standard Life may ask you to provide them. You must accept these conditions each time you submit a claim.

Step 4 - Enter your claim

Now it's time to enter the information required for submitting your claim.

You can submit a claim for yourself and your dependents in the same claim for each type of coverage.

The required information is as follows:

1. Type of coverage

- ▶ You can transmit your health (include paramedical, vision care, laboratory analysis, equipments and other claims related to health), dental care, drug, and health spending account claims.
- ▶ You may submit your coordination of benefits reimbursement requests. You must choose the type of your coordination of benefits coverage. It is important to attach a copy of the Statement of Benefits from another insurer to process your claim.

2. **Amount (you must enter it):** You have to enter the amount for you and your dependents for the same benefit type.

3. Receipts

- ▶ Original receipts are required.
- ▶ Medical and paramedical: Receipts should indicate the provider name and address, and all dates of visits or any exams and detailed related costs. Always refer to your booklet to confirm coverage for different health practitioners and attach physician referrals where required by your contract.
- ▶ Vision care: Receipts must indicate the provider name and address, and show separate costs for contact lenses, frames and lenses for glasses, cost and date of eye.
- ▶ Laboratory analysis, equipments and other claims related to health.

- ▶ Drug: The receipts must show patient name, drug name and drug identification number (DIN).

What you cannot submit:

- ▶ X-Rays
- ▶ Cost Plus claims
- ▶ Claims for a Personal Wellness Account

Before submitting your claim, you can add or remove receipts anytime. Once you have submitted the claim, it will be impossible to do so. Your claim will have been sent for processing.

You must ensure your receipts are compatible with one of the following acceptable formats: PDF, JPEG, GIF and PNG.

If your receipts are illegible or incomplete, your claim may be rejected and the information will be sent back to you in the explanation of benefits you receive by mail or will otherwise be available in the VIP Room after your claim is processed.

Here are some possible cases for refusal:

- ▶ Illegible receipt
- ▶ Lack of information in your receipt: you must make sure the electronic receipt you submit is identical to the original receipt you scanned or photographed.

Example of claim:

1. Physiotherapy for you (\$100)
2. Massage therapy for your spouse/partner (\$60)
3. Eyeglasses for you (\$300)
4. Medication for your child (\$35)

Claim No. 1 – For Care 1, 2 and 3

Type of coverage: Health

Amount: \$460.00

Receipts to attach:

Physiotherapy for you (\$100)

Massage therapy for your spouse/partner (\$60)

Eyeglasses for you (\$300)

Claim No. 2 – For Care 4

Type of coverage: Medication

Amount: \$35.00

Receipts to attach: Medication

for your child (\$35)

Steps 5 & 6 - Validate and submit your claim

You must validate your claim. If everything is correct, you can submit it. A confirmation number will be assigned to your claim and a document with your claim will be available. You can always review the claims you submitted online on the history page. Please note that only claims submitted online are on the page history.



To view your processed claims, click the *Your claims* tab in *Your File*.