

How to submit a emergency health care claim

- Step 1** – Gather all of the necessary documents (see below).
- Step 2** – Complete and sign the enclosed *Application for reimbursement* form.
- Step 3** – Send all of the documents to Desjardins Insurance.

Documents to provide

Please note that incomplete forms will be returned, which will delay the processing of your claim.

- The *Application for reimbursement* (enclosed) for you to complete and sign where required (this form will allow us to deal with your provincial healthcare plan directly on your behalf)
This form is required even if you were not billed directly for the expenses.
- The *Expenses incurred outside the province of residence or country* form (enclosed) for you to complete and sign where required
- The original invoices for all expenses incurred (e.g., medical consultation fees, prescription drug expenses)
A copy of your credit card statement, if you paid for the expenses with your credit card, so that we can reimburse the statement amount (otherwise, we will use the exchange rate in effect on the date your claim is processed).
- If you wish to receive the payment by direct deposit, please submit a void cheque
Direct deposits can only be made to the account of the contract holder.

Additional documents to provide

For damage resulting directly from an accident blow to the mouth

- Written confirmation from your dentist in your province of residence stating that the damaged tooth was natural and healthy at the time of the accident

**If you are not able to send us all of the documents, please explain why in a separate letter.
We reserve the right to request additional documents and information.**



To protect your personal information, never include your credit card number in an email or other unsecured electronic communications.

Desjardins Insurance uses service providers located outside of Canada to perform certain specific activities in its normal course of business. As such, personal information may be transferred to another country and be subject to the laws of that country. For information about Desjardins Insurance's policies and practices regarding the transfer of personal information outside of Canada, visit the Desjardins Insurance website at www.desjardinslifeinsurance.com or write to the Desjardins Insurance Privacy Officer at the address indicated above. The Privacy Officer can also answer any questions about the transfer of personal information to service providers located outside of Canada.

IDENTIFICATION

| | |
|------------------------------------|-----------------|
| Insured's last name and first name | |
| Policy or group or contract No. | Certificate No. |
| Patient's last name and first name | Relationship |

QUESTIONNAIRE - Please complete all the questions

Upon receipt of this information, we will be able to proceed with the assessment of your claim.

Date of departure from home province: _____
YYYY MM DD

Date on which return was originally planned: _____
YYYY MM DD

If return date differed from planned date, please indicate the actual date of return: _____
YYYY MM DD

Reason for trip: Pleasure Business Receive care

Name of country visited and type of currency charged by the service provider(s): _____

Were the services rendered as a result of an emergency? Yes No

Please describe the circumstances that necessitated the medical treatment:

Was the Assistance Service contacted at the time of the occurrence? Yes No

Please indicate any other coverage that you have (i.e. private plan, credit card, etc.):

Is your spouse insured under another insurance contract that provides benefits for travel expenses? Yes No

If so, please specify the name of company and the policy number: _____

Please indicate whether the cheque should be made payable to you or to the provider.

DECLARATION AND AUTHORIZATION TO COLLECT AND COMMUNICATE PERSONAL INFORMATION

All the information I have provided on the claim form is accurate and complete.

For the sole purpose of determining insurability, managing files and processing claims, I authorize Desjardins Insurance or its reinsurers: (a) to collect from any individual, legal entity or public or parapublic organization only the personal information they have about me that is needed to process my file. This information may be collected from third parties, including any health care professional or establishment, MIB, Inc., insurance and reinsurance companies, personal information brokers, investigation firms, the contract holder, my employer or my former employers; (b) to disclose to those individuals, legal entities or public or parapublic organizations only the personal information they have about me that is needed to manage my file; (c) to request, if applicable, an investigation report about me and to use the personal information contained in other files it may have that are now closed; (d) to disclose to my personal physician any medical information about me that was obtained during the evaluation of my file; (e) to disclose to other insurers or reinsurers any information about me that is relevant to determining my eligibility for insurance or for benefits; (f) to provide a brief report on my personal information, including my health information, to MIB, Inc. This authorization also applies to the collection, use and communication of personal information regarding my dependents or

(Name of deceased) _____, insofar as applicable to my claim. A photocopy of this authorization is as valid as the original.

Signed at _____ on _____.

Signature of insured or legal heir _____

Signature of any insured who is not the policyowner _____

Please send to: Desjardins Insurance, 200, rue des Commandeurs, Lévis, Québec, G6V 6R2

