Sun Life

GlobalExcel

Emergency Travel Medical Claim Form

Claim Number

## Section 1 - Claimant Information (Please print)

Last Name:

First Name:

Date of Birth (M/D/Y):

Relationship to Policyholder:

Provincial Health Card Number:

Version Code (Ontario residents, if applicable):

Address (Number, Street):

City:

Province:

Postal Code:

Phone Number:

Alternate Number:

Email:

**Preferred Method of Communication** (check all that apply) ☐ Email ☐ Phone ☐ Mail

## Section 2 - Policyholder Information (Please print)

Last Name:

First Name:

Date of Birth (M/D/Y):

Email:

Employer / Group Name:

Policy Number / Group Contract Number:

Member ID Number:

Address (Number, Street):

City:

Province:

Postal Code:

Phone Number:

Alternate Number:

## Section 3 - Travel Details

Travel Destination:

Departure Date (from your Province of Residence) (M/D/Y):

Return Date (M/D/Y):

## Section 4 - Medical Information about the Claimant

Please describe briefly why medical attention was sought:

When did the symptoms first appear? (M/D/Y):

When did you first seek treatment? (M/D/Y):

Name of Medical Facility where you consulted:

Telephone number of Medical Facility:

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## Section 5 - Other Insurance

*If, at the time of loss, you have similar coverage with another provider (i.e. credit card, travel insurer, employment group health plan, private or provincial, auto plan, U.S. medicare, etc.), we will coordinate benefits in accordance with the CLHIA guidelines.*

**Do you, your spouse or your child have other insurance coverage?** ☐ No ☐ Yes
If yes, please complete the following sections that apply to you.

### Employer, Retiree or Other Group Plan

Name of the Insurance Company:

Policy Number / Group Number:

Member ID Number:

Primary Policyholder Name:

Date of Birth (M/D/Y):

### Credit Card Coverage

Issuing Bank:

Card Number (First 6 digits):

Card Number (Last 4 digits):

### Other Coverage

Name of the Insurance Company:

Policy Number:

Primary Policyholder Name:

Date of Birth (M/D/Y):

U.S. Medicare ☐ No ☐ Yes ☐ Type A ☐ Type B ☐ Both Enrollment Number

**If you have claimed from any other insurer, please provide your claim number and attach a copy of your claim and the settlement if available.**

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## Section 6 - Declaration/Authorization/Signature

Sun Life Assurance Company of Canada ("the Insurer") has appointed Global Excel Management Inc. ("Global Excel") * as the provider of Emergency Travel Medical Insurance claims services under this group benefits plan or individual policy of insurance (both referred to as "the plan").

I understand that Global Excel is acting on behalf of the Insurer. I am aware that any authorization I provide to Global Excel to collect, use, or disclose information about this claim with any relevant third party also applies to the Insurer.

The Insurer and Global Excel will collect, use, and disclose certain personal information and/or health information about me, with relevant parties, as described below, for the purposes of adjudication, administration, and underwriting purposes.

If the claimant is my minor child, I am signing this form on their behalf. I understand that if I am a dependent under this insurance coverage, the Plan Sponsor, if applicable, and the Lead Insured (Plan Member) under the plan will have access to information related to this claim in connection with the administration of this plan.

I direct and authorize my provincial government health insurance plan (GHIP) to make a payment in respect of my claim to Global Excel directly and I hereby release GHIP, upon payment to Global Excel from any further claim or cause of action in connection with this claim. For those provinces having plans that don't allow third party assignment of benefits, I agree to reimburse Global Excel the full amount received by me from the provincial plan and to provide Global Excel with all necessary, relevant, and applicable documentation from the provincial plan concerning any payments or denials of claims. I authorize Global Excel to coordinate the payment of benefits with any other insurance carriers which may also have a liability for this claim. I hereby irrevocably direct Global Excel, to make any payments, receive payments, and settle with other carriers on my behalf.

I certify that the information I provided is true and correct to the best of my knowledge. I understand that this claim shall be void if, whether before or after the loss, I concealed or misrepresented any facts, or if any documents received regarding this claim have concealed or misrepresented any fact or circumstances concerning this claim.

I authorize Global Excel to collect, use, and disclose my personal information, including credit card information and information concerning my medical emergency, including my medical history, symptoms, treatment, examination or diagnoses to any party including any physician, hospital or other health professionals, institutions, GHIP, investigative agencies, insurers and reinsurers for the purposes of determining any insurance coverage relevant to the adjudication of my claim for out-of-province health services, administration purposes, and underwriting purposes. I also authorize such parties, including health information custodians to disclose relevant information pertaining to this claim including health information about me, and if applicable, my dependents to Global Excel for the same purposes.

I consent to Global Excel communicating with me by electronic means regarding my claim at the email address I have provided and understand that this communication will contain personal information. I authorize Global Excel to deposit all personal claim payments directly to the account indicated on this form.

In the event there is suspicion of fraud or abuse concerning my claim, I acknowledge and agree that Global Excel and/or the Insurer may use and disclose information about me pertaining to this claim, to any relevant organization including regulatory bodies, government organizations, other insurers, and my Plan Sponsor, if applicable, for the purposes of the investigation, detection and prevention of fraud or 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 benefits plan(s), and the collection, use and disclosure of information about this claim to other persons or organizations, including credit agencies and, if applicable, my Plan Sponsor for that purpose.

I understand that I may withhold my consent to the collection, use, and disclosure of such information; however, if I do so, my claim cannot be processed and paid.

I agree that a photocopy or facsimile of this authorization will be as valid as the original and that this authorization will be considered valid for the duration of this claim. I understand information about me may be reviewed in the event this plan is audited.

**Claimant Name**

**Claimant Signature** **Date (M/D/Y)**

If I am not the Claimant:

- **Use this section if you are completing the claim form on behalf of someone else.**
- In providing this authorization to collect personal information about the Claimant relating to this claim, I the undersigned do hereby certify that I have appropriate permission from the Claimant to authorize the collection, use and disclosure of their personal information as authorized above and that the Insurer and its agents and reinsurers may rely and act upon my authorization.

**Authorized Person's Name**

**Relationship to the Claimant**

**Authorized Person's Address**

**Authorized Person's Signature** **Date (M/D/Y)**

Notice: The provincial legislation in some provinces requires us to inform you that the time limit for taking legal action is set out in the Insurance Act or other legislation that applies to your claim.

• IMPORTANT: Any reference to testing, tests, test results, or investigations excludes genetic tests. Genetic test means a test that analyzes DNA, RNA or chromosomes for purposes such as the prediction of disease or vertical transmission risks, or monitoring, diagnosis or prognosis.

* Any reference to Global Excel Management Inc. or the Insurer includes their respective agents, service providers and, where applicable, reinsurers.

** If the patient is a minor, their legal guardian must sign on their behalf. If a legal representative other than the patient's legal guardian signs this form, (power of attorney, executor/executrix etc.) the provincial health plan requires proof of "Legal Representative" status.

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## Section 7 - Incurred Expense List

| No. | Name of Clinic, Doctor, Dentist, Hospital, Pharmacy | Description of Expense | Date (M/D/Y) | Amount Billed | Amount Paid | Outstanding Balance | Currency | Receipt included (check the appropriate box) |
|---|---|---|---|---|---|---|---|---|
| 1. | | | | | | | | ☐ No ☐ Yes |
| 2. | | | | | | | | ☐ No ☐ Yes |
| 3. | | | | | | | | ☐ No ☐ Yes |
| 4. | | | | | | | | ☐ No ☐ Yes |
| 5. | | | | | | | | ☐ No ☐ Yes |

Comments:

Clearly indicate which invoice(s) have been paid. Keep a copy of this form (as well as copies of all supporting documents) for your records.

The processing of your claim will be delayed for any of the following reasons:

- A delay in receiving medical information from your treating doctor or physician in Canada.
- A delay in receiving medical records from the treating facility at your travel destination.
- An incomplete claim form.
- Insufficient (or incorrect) supporting documentation.

It is possible that you could receive invoices or reminder notices directly from the health care providers you consulted while travelling. Should this occur, please forward these notices to Global Excel.

Should you receive any phone calls regarding your invoices, please direct the caller(s) to Global Excel.

We request that you not pay any medical accounts directly to providers, unless you have been advised to do so by Global Excel.

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## Section 8 - Preferred Method of Reimbursement

Please visit **www.globalexcel.com/sunlife** to log in or register to our secure claimant portal and choose your preferred method of reimbursement. You can also change your method of reimbursement by completing this section.

**IMPORTANT: If a method of reimbursement is not selected or exceeds the limit of the method chosen, a cheque will be issued for eligible reimbursements.**

☐ **Interac e-transfer (CAD only)**
By providing your email address, you will receive an email notification once your claim is settled. You may then directly deposit your reimbursement to the online banking platform of your choice.

Email address

☐ **Direct deposit (CAD only)**
By providing your banking information, your claim payments will be deposited directly to your account and you will get an email notification when your claim is settled.

Transit Number (5 digits): Institution number (3 digits): Account Number (12 digits):

☐ **Cheque**

# Emergency Travel Medical Coverage

Global Excel Management Inc. is the authorized administrator for travel insurance claims on behalf of Sun Life Assurance Company of Canada.

## What Documents are Needed

1. Complete and sign the claim form.
2. To substantiate your claim, submit the following supporting required documents with your signed claim form:

- The duly completed province specific GHIP form.
- Proof of travel (e.g. airline boarding pass, gas receipt or customs / immigration stamp).
- A copy of any medical reports including complete diagnosis by the attending physician, which must support that the treatment was medically necessary. Please note that for hospitalization claims, we require a complete copy of your medical records from the treating facility.
- All original itemized bills from the medical provider(s) stating the patient's name, diagnosis, all dates and types of treatment, and the name of the medical facility and/or physician.
- For prescription drugs, the original prescription receipts (not cash receipts) from the pharmacist, physician, or hospital showing the name of the prescribing physician, prescription number, name of preparation, date, quantity and total cost.
- Original receipts and credit card statement as proof of payment for any out of pocket expenses incurred.
- If your claim is the result of an accident, complete and submit the Accident Form.

## How to Submit your Documents

### Online

Easily upload your documents by navigating to **www.globalexcel.com/sunlife** and clicking the "Submit Document" section.

### By Mail

**Canadian Mailing Address**

Global Excel Management Inc., 73 Queen Street, Sherbrooke, QC J1M 0C9

**U.S.A. Mailing Address**

Global Excel Management Inc., PO Box 10, Beebe Plain, VT 05823

***Please do not send registered mail to the PO Box address, it must be sent to a physical street address.**

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## IMPORTANT

The **completed & signed claim form and applicable supporting documents** are required to begin the review of your claim. Failure to complete all sections of the claim form, including the signature section, or submitting the requested documents will delay the processing of your claim.

Please retain all original claim forms, receipts and supporting documentation. Global Excel reserves the right to request original documentation as needed to adjudicate your claim.

Should you have any further questions or require assistance to submit your claim, please contact us at 1-800-511-4610.