canada life™

SPECIAL ASSISTANCE FUND (SAF)
Request form

CBC Radio-Canada

Important Information

Expenses are eligible for reimbursement under the **Special Assistance Fund (SAF) if they meet the following criteria*:**

- expenses qualify under the *Income Tax Act* (Canada) for the purpose of calculating the medical expense credit; and
- the request is for extraordinary health related expenses

Expenses are not eligible for reimbursement under the **SAF:**

- if government coverage is available; or
- if benefits are payable under any health plan (including 051089), even if you have reached the maximum; or
- a grant payment is available from any source

*For more information on eligible expenses reimbursed under the SAF, please refer to the SAF guidelines available on iO.

Instructions for Claim Submission

This form must be completed in full.

1. Keep a photocopy of this form and your receipts.
2. Staple together and submit:
   - this original form; and
   - all supporting receipts and invoices; and
   - medical documentation supporting necessity

Note: The plan member must sign this form.

Part 1: Plan Member Information

Group Plan Number 051089 **CBC/Radio-Canada** ID Number **M**__________

Plan Member Name __________ Affiliation __________

Address: Number and Street ____ Town ____ Province ____ Postal Code ____

I certify that the information given on this claim form is true, correct and complete to the best of my knowledge. I certify that all goods and services being claimed have been received by me, my spouse and/or my dependents; and that my spouse and/or dependents are eligible under the terms of my plan.

I certify that I am claiming expenses that were incurred by myself or a person(s) for whom I am entitled to claim a medical expense credit under the Income Tax Act (Canada).

The submission of fraudulent claims is a criminal offence. Canada Life takes the submission of fraudulent claims seriously. Suspected fraudulent claims may be reported to your employer or plan sponsor and to the appropriate law enforcement agency.

At Canada Life, we recognize and respect the importance of privacy. Personal information that we collect will be used for the purposes of assessing your claim and administering the group benefits plan. I authorize Canada Life, any healthcare or dentalcare provider, my plan administrator, other insurance or reinsurance companies, administrators of government benefits or other benefits programs, other organizations or service providers working with Canada Life located within or outside Canada, to exchange personal information when necessary for these purposes. I understand that personal information may be subject to disclosure to those authorized under applicable law within or outside Canada.

I also consent to the use of my personal information for Canada Life and its affiliates' internal data management and analytics purposes.

For a copy of our Privacy Guidelines, or if you have questions about our personal information policies and practices (including with respect to service providers), write to Canada Life's Chief Compliance Officer or refer to www.canadalife.com.

Plan Member Signature __________ Date __________

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Part 2: Dependent Information

Patient Name	Relationship to Employee	Date of Birth Year	Date of Birth Month	Date of Birth Day	Does patient reside with you? YES	Does patient reside with you? NO	Full-Time Student? YES	Full-Time Student? NO	If child over 18 years: If student, how many hours per week?	If child over 18 years: Employed? YES	If child over 18 years: Employed? NO	If child over 18 years: How many hours worked per week?
					☐	☐	☐	☐		☐	☐	
					☐	☐	☐	☐		☐	☐	
					☐	☐	☐	☐		☐	☐	
					☐	☐	☐	☐		☐	☐	

Part 3: Other Coverage

Is this expense eligible for coverage under any private or group insurance plan? ☐ Yes ☐ No

Are you making a claim for Worker's Compensation Benefits? ☐ Yes ☐ No

Is this expense eligible under your provincial government plan? ☐ Yes ☐ No

Are you entitled to payment from any other source for this expense? ☐ Yes ☐ No

If it is discovered that this claim was eligible for consideration/reimbursement under any other avenue, all SAF funds disbursed for this claim will have to be refunded, regardless if the other avenue remains available or not to consider/reimburse this claim.

Part 4: Claim Details

Patient Name	Number of Receipts	Type of Expense	Nature of Illness	Total Charge

Expenses Submitted to Canada Life ____________________ $ ____________________

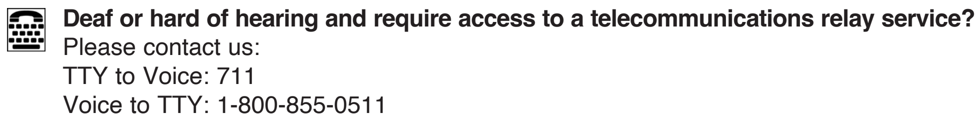
Number of Receipts — Total Charge

IMPORTANT:
In order for your request to be processed, it is very important that you complete the form accurately, sign it and ensure that you have attached all acceptable medical documentation, your medical physician's referral and the original receipts to support your request. Keep copies of all your documents submitted.

Please send your Special Assistance Fund request to:

The Canada Life Assurance Company
PO Box 6000
Winnipeg MB R3C 3A5
www.canadalife.com

Questions? Call Toll Free: 1-877-340-9082



Deaf or hard of hearing and require access to a telecommunications relay service?
Please contact us:
TTY to Voice: 711
Voice to TTY: 1-800-855-0511