

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
3. To **ADD** or **CHANGE BANKING DETAILS** to allow direct deposit if there is a reimbursement, details must be provided below. If your banking details were provided with a prior SAF Request, any reimbursements will be directly deposited into that account. If no banking details exist or is provided on this form, a cheque will be issued and mailed to the address indicated on this form.

Name of Canadian financial institution: _____

Transit number: _____ Institution number: _____ Account number: _____

☐ Savings account (consult your financial institution for the proper ID numbers)

☐ Chequing account (include a cheque marked 'void') ☐ Remove all banking details and send a cheque

Note: The plan member must sign this form.

Part 1: Plan member information

Group plan number **051089**

CBC/Radio-Canada SAF ID number

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Add leading zeros if ID is less than 9 digits. Example: ID# 123ABC should be entered as 000123ABC.

Plan member name _____

Address: Number and street _____ Town _____ Province _____ Postal code _____

Affiliation: ☐ APS ☐ AR ☐ STTRC ☐ CMG ☐ Unaffiliated ☐ Retiree

Part 2: Privacy

Protecting your personal information. At Canada Life, we're committed to protecting personal information and respecting your privacy. Personal information is information that either on its own or combined with other information allows an individual to be identified. This includes your name and address, as well as more sensitive information such as your health and financial records. When applicable, this includes information about other people such as your spouse, common-law partner, and children.

How we use your personal information. Your personal information is used to provide you with products and services and to improve our business operations. This includes verifying your identity, maintaining your profile, and informing you about features of the products you already have with us. It's also used to provide you with advice, evaluate your eligibility for products, price our products, collect feedback on our customer service, process claims and other financial transactions, protect you and us from risks such as cyber threats and fraud, and comply with legal obligations. If you provided your social insurance number (SIN), we'll use it for tax reporting. Your SIN is also used to link your products together and to keep your information separate from other customers with similar names.

Part 2: Privacy, continued

Who we share personal information with. We share your personal information with other people and organizations who help us administer your products and provide you with services. This may include your advisor or people who work with your advisor, our Canadian subsidiaries, and other organizations that provide us services such as paramedical examiners, medical laboratories, MIB, LLC., specialty coverage providers, independent medical examiners, and pharmacy benefits managers. As well, we may share your information with claims assessors, travel assistance providers, technology suppliers, other insurance or reinsurance companies, other financial institutions, and credit reporting agencies. As part of our day-to-day business, your personal information may be communicated to government departments and agencies and may be communicated outside your province of residence or outside Canada. We take protecting your personal information seriously and we'll never sell your personal information to anyone.

You're in control of your personal information. We respect your privacy preferences and follow them when using your personal information. At any point in your relationship with us, you can choose how your personal information is used by updating your privacy preferences through your [online account](#) or by submitting a request through our [privacy centre](#) at [canadalife.com/privacy](#). This includes choosing whether you receive customer experience surveys, the use of your SIN for non-tax reporting purposes, and whether and how you want to receive information and offers from Canada Life using the personal information we collect from you throughout your relationship with us. You can also exercise other privacy rights through our privacy centre such as access to or correction of your personal information.

If you choose to remove your consent to the collection, use and disclosure of the personal information required to serve you and meet our legal obligations, we may not be able to continue to provide you with products and services.

Want to learn more? Please visit [canadalife.com/privacy](#).

Part 3: Privacy consent, authorization and signature

I understand that my personal information will be collected, used and shared as set out above.

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 dependants; and that my spouse and/or dependants are eligible under the terms of my plan.

The submission of fraudulent claims is a criminal offense. 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.

I agree that by submitting this form or authorizing it to be submitted, I am consenting to the terms set out in this section, even if I have not signed the form.

Plan member signature _____ Date _____

Part 4: Dependant information

Patient name	Relationship to employee	Date of birth			Does patient reside with you?		Full-time student?	If child over 18 years		
		Year	Month	Day	YES	NO	YES NO	If student, how many hours per week?	Employed?	How many hours worked per week?
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>	

Part 5: 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 6: 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
Winnipeg Benefit Payments
PO Box 6045 Station Main
Winnipeg MB R3C 0S4
www.canadalife.com



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

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