INGLE™ INTERNATIONAL

Claim Form

Sun Life Financial

Make sure you:

1. Complete all sections, sign and date this form
2. Include all doctor's notes or emergency room and hospital records (if you were treated in a hospital), and
3. Include original receipts, keeping copies for your own records.

Please PRINT clearly.

1 Claimant (Insured person's) information

Policy number	Identification number (found on coverage card)	Email address	
Last name	Middle initial	First name	☐ Male ☐ Female
Date of birth (dd-mm-yyyy)	Effective date (dd-mm-yyyy)	Expiry date (dd-mm-yyyy)	Telephone number
Canadian address (street number and name)			Apartment or suite
City	Province	Postal code	
Legal guardian last name	Legal guardian first name		
Legal guardian address (street number and name)			Apartment or suite
City	Province	Postal code	Legal guardian telephone number
Legal guardian email address			

2 Assignment of benefits

Cheque should be payable to: ☐ Claimant OR ☐ Other (please provide details below)

Last name	Middle initial	First name	
Address (street number and name)			Apartment or suite
City	Province	Postal code	Telephone number

3 Statement of services to be completed by claimant (Physicians and hospitals must provide the diagnosis.)

Service date (dd-mm-yyyy)	Description of service	Procedure code (plus time units, if applicable)	Fees billed ($CAD)	Diagnosis
– –			$	
– –			$	
– –			$	
– –			$	
– –			$	
– –			$	

For SLF use:
HCF

3 Statement of services to be completed by claimant (Physicians and hospitals must provide the diagnosis.) (continued)

1) Was this treatment scheduled or provided for the ongoing maintenance of a chronic illness/condition? ☐ Yes ☐ No

2) Has the same or a similar condition/illness occurred in the 90 days before the effective date of coverage found on coverage card? ☐ Yes ☐ No
   If yes, please provide details:

4 Claimant declaration, authorization and signature

I, the claimant declare that:

- all the information provided in this claim form is complete and true,
- all goods and services have been received by me, and I authorize the disclosure of information, for the purposes of assessing and paying a benefit, if any, and
- I have not claimed any expense previously paid under my plan or any other plan.

I authorize the collection, use, sharing and disclosure of information about my claim or medical history about me for underwriting, administration and claims paying purposes, among or between the following: any attending physician, medical facilities, health professionals, institutions, investigative agencies, other insurers, my physician in my home country, my educational institution, Ingle International Inc. o/a Intrepid 24/7™, Imagine Financial Ltd. o/a Ingle International™[1], Sun Life Assurance Company of Canada (Sun Life) including the Sun Life Financial group of companies, Sun Life's reinsurers, and the claims management provider or assistance company appointed by Sun Life . I understand that if my medical records are not provided benefits claimed may not be paid. I assign to Sun Life any benefits related to this claim which would be payable to me from any other source and authorize Sun Life to collect any such benefits on my behalf.

If the claimant (insured person) is a minor (as defined in the applicable provincial legislation), the persons responsible for the minor must sign below. By signing below, that person confirms they have legal responsibility for the minor claimant.

I agree that a photocopy or electronic version of this authorization is as valid as the original and remains in effect for continued administration of my plan. If Sun Life determines that my claim may be fraudulent or an abuse of the benefits provided under my plan, I agree that Sun Life may investigate. It may collect, use and disclose information about me relevant my claim to any relevant organization including regulatory bodies, government organizations, medical suppliers and other insurers for purposes of its investigation, and fraud and plan abuse prevention. I also agree that my information related to my claims may be reviewed if my plan is audited.

If Sun Life determines it overpaid me for any claim, I authorize Sun Life to recover the overpayment from any amount otherwise payable to me under my plan. I agree that Sun Life may collect, use and disclose information about my claims to other persons or organizations, including credit agencies for the purposes of recovering any overpayment made to me.

Any reference to Sun Life Assurance Company of Canada includes their respective agents and service providers.

Claimant's signature (in the case of a minor under 16 years of age, guardian's signature)		Date (dd-mm-yyyy)
X		– –
Person responsible for minor claimant last name	Person responsible for minor claimant first name	
Person responsible for minor claimant signature		Date (dd-mm-yyyy)
X		– –

Respecting your privacy

Your privacy is important to Sun Life. We may leverage our strengths in our worldwide operations and in our negotiated relationships with third-party providers to help us service some of our customers. In some instances our employees, service providers, agents, reinsurers and any of their service providers, may be located in jurisdictions outside Canada, and your personal information may be subject to the laws of those foreign jurisdictions.

To find out about our Privacy Policy, visit our website at *www.sunlife.ca*, or to obtain information about our privacy practices, send a written request by email to *privacyofficer@sunlife.com*, or by mail to Privacy Officer, Sun Life Financial, 225 King St. West, Toronto, ON M5V 3C5.

PLEASE RETURN COMPLETED FORM TO:

Ingle International – Claims Administration
460 Richmond St W Suite 100
Toronto ON M5V 1Y1
Phone: 416-644-4870
Toll free: 1-888-386-8888
Fax: 416-730-1878
Email: *studentclaims@ingleinternational.com*

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