

**IMPORTANT NOTICE**

A duly completed and signed claim form is necessary even if you haven't made any payments. Your public health insurance plan covers some of the fees for medical care received during your trip. CanAssistance reimburses these fees in full, but must submit them to your provincial health insurance plan.

According to the terms of your contract, by signing the form you authorize CanAssistance to:

- Access your personal and medical information required to adjudicate your claim
- Pay eligible expenses to service providers directly

**Failure to return this duly completed form entitles CanAssistance to ask you to refund the fees paid on your behalf.**

**Filing a Claim**

Complete the claim form(s) and sign where designated with an X.

- Each person who received healthcare services must complete a claim form.
- The form must be signed by the beneficiary (person who received healthcare services). If the claim involves a minor, the policyholder must sign the form.



Attach all the following documents:

- Original itemized bills for all healthcare services received, the diagnosis and treatment must appear clearly.
- Original prescription drug receipts showing the name of the drug, the dosage and the price.
- Proof of payment for all expenses claimed, such as a credit card statement or proof of a deposited cheque, showing the currency in which the service was paid. In the absence of a bank or credit card statement, a receipt may be accepted.
- Proof of your departure and return dates, such as a plane ticket, a stamped copy of your passport or a bank or credit card statement showing purchases made in Canada just before your departure date and immediately after your return.
- Any other relevant document(s), such as medical reports, lab results, etc.



We recommend you keep a copy of your claim documents for record-keeping purposes, as they will not be returned.



Send this duly completed forms and all other required scanned documents online via our secure website:

**[canassistance.com/en/policyholder/depot](https://canassistance.com/en/policyholder/depot)**

We reserve the right to request the original documents up to one year from the date of submission of your claim.

You can also send forms and original claim documents by mail to:

**CanAssistance**  
Travel Claims Departement  
PO BOX 3888, Station B  
Montreal, Quebec, H3B 3L7

**Additional Information**

Your claim will be reviewed as quickly as possible once we've received the required documents. The following situations may increase the time it takes us to process your claim:

- An incomplete claim form or missing document
- Delayed or missing detailed invoice
- Delayed or missing medical information

Eligible expenses are reimbursed in Canadian funds by cheque made out to the policyholder. If you're covered by more than one travel insurance policy, indicate this on your claim form. We will work with your other insurer to coordinate your benefits as needed.

If you receive a bill, please do not make any payments directly to the service provider unless we instruct you to do so. Simply send it to the address above.

Should you have any questions about your claim, please contact us by using the phone number on your insurance card or visit our website at [canassistance.com](https://canassistance.com).

BENEFICIARY INFORMATION (please complete a separate form for each person)

Form with fields for PROVINCIAL HEALTH NUMBER, LAST NAME, LAST NAME AT BIRTH, FIRST NAME, DATE OF BIRTH, SEX, PERMANENT ADDRESS IN CANADA, POSTAL CODE, TELEPHONE NO., HOME, WORK, AREA CODE.

STAY OUTSIDE CANADA/PROVINCE

Form with fields for DATE OF DEPARTURE, DATE OF RETURN, REASON FOR TRIP (VACATION, WORK, STUDIES, OTHER), NAME OF EMPLOYER, INCLUDE A WRITTEN CERTIFICATE FROM THE INSTITUTION, DESCRIBE.

SERVICES AND CARE RECEIVED

Form with fields for INDICATE THE REASON WHY YOU RECEIVED MEDICAL OR HOSPITAL SERVICES, DESCRIBE THE CARE RECEIVED, CITY AND COUNTRY WHERE THE SERVICES WERE RECEIVED, IN THE CASE OF AN ACCIDENT, INDICATE DATE OF THE ACCIDENT, TYPE OF ACCIDENT, HAVE THE BILLS BEEN PAID?, AMOUNT PAID, CURRENCY, PLEASE LIST BELLOW ALL YOUR OTHER TRAVEL INSURANCE COVERAGE, GROUP INSURANCE / PURCHASED FROM TRIP PROVIDER, POLICY NO., IF THAT COVERAGE IS FROM YOUR CREDIT CARD, PLEASE INDICATE YOUR CREDIT CARD NUMBER.

MEDICAL INFORMATION BEFORE DEPARTURE

Form with fields for DOCTOR AND SPECIALIST (IF APPLICABLE) IN CANADA BEFORE DEPARTURE: NAME, ADDRESS, NATURE OF ILLNESS, DATE OF LAST VISIT, HAVE YOU BEEN HOSPITALIZED IN CANADA IN THE LAST 6 MONTHS PRIOR TO YOUR TRIP?, NATURE OF ILLNESS, NAME OF HOSPITAL, CITY, ADMISSION DATE, FILE NUMBER, LIST THE MEDICATION(S) YOU WERE TAKING DURING THE 6-MONTH PERIOD PRECEDING YOUR DEPARTURE.

CONSENT AND AUTHORIZATION

Form with numbered list of 7 authorization points, A PHOTOCOPY OF THIS AUTHORIZATION AS SIGNED BY ME, MY PARENT, GUARDIAN OR AUTHORIZED ATTORNEY SHALL BE AS VALID AS THE ORIGINAL. SIGNATURE OF BENEFICIARY OR BENEFICIARY'S PARENT, GUARDIAN OR AUTHORIZED ATTORNEY, PRINT NAME, DATE (yy-mm-dd).

POLICYHOLDER (IF DIFFERENT FROM THE BENEFICIARY)

Form with fields for LAST NAME, FIRST NAME, AGE, PROVINCIAL HEALTH NUMBER, TELEPHONE: HOME, WORK.

01CAB0044A (2023-03)

**IMPORTANT NOTICE**

If your claim is deemed admissible, by default a cheque will be sent to the policyholder. If you prefer to receive the reimbursement in your chequing account through direct deposit, please complete this form and attach a voided cheque.

We recommend that you select direct deposit for a number of reasons:

- Avoid the many possible days that come with receiving cheques by mail.
- Access your funds immediately without any holds that may be required by your financial institution.

**SEND THIS DULY COMPLETED FORM ALONG WITH ALL OTHER REQUIRED DOCUMENTS TO CANASSISTANCE**

Online via our secure website:

[canassistance.com/en/policyholder/depot](https://canassistance.com/en/policyholder/depot)

Send all scanned documents and keep originals. We reserve the right to request the original documents up to one year from the date of submission of your claim.

By regular mail:

CanAssistance, Travel Claims Department  
PO BOX 3888, Station B, Montreal, Quebec, H3B 3L7

**Policyholder identification**

Name of the policyholder

Contract, certificate or identification number

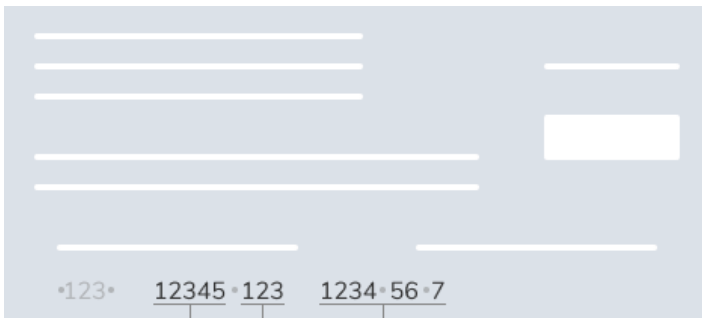
File number

**Bank Account Details (Canadian financial institutions only)**

To avoid payment errors and delays, please attach a voided cheque. A copy can also be obtained through the online banking services of your financial institution.

Scan the document or take a photo of it, making sure all information is legible.

If you are unable to provide a voided cheque, please carefully complete the sections below.



Branch number

Institution number

Account number

1 - Transit  
(Branch)  
Number

2 - Financial  
Institution  
Number

3 - Account  
Number

I hereby request that my benefits be paid via electronic funds transfer (direct deposit) to the aforementioned account number.

Signature of the policyholder \_\_\_\_\_

Date \_\_\_\_\_