

PART 1 - Instructions

Please use this form to submit Emergency Benefit While Travelling claims to MSH International for reimbursement.

1. Complete page 1 and 2 of this form in full.
2. Attach receipts for all services and retain copies for your files as original receipts will not be returned.
3. Complete and attach a provincial authorization form, found at pshcp-msh.ca, to allow us to coordinate benefits with your provincial/territorial program.
4. Send to MSH International. See PART 9.

All claims under the Public Service Health Care Plan (PSHCP) must be submitted through the plan member. We may disclose personal information about claims with your employer, your service provider, and/or a person acting on your behalf when necessary to confirm eligibility and to mutually manage your claim.

PART 2 – Plan member information - You must complete this section fully. If you are unsure of your plan or certificate number, please see your Public Service Health Care Plan (PSHCP) benefit card, the Canada Life PSHCP Member Services website or Part 9 for our contact information.

Plan name Public Service Health Care Plan	Plan number	Plan member certificate number	
Plan member name			
First name	Last name		
Plan member address			
Number and street	City or town	Province/Territory/State	Postal/Zip Code
Country	Date of birth	Day	Month
		Year	

PART 3 – Coordination of benefits - Complete this section to indicate whether you or any member of your family have benefit coverage under any other plan.

1. Are you or any member of your family entitled to any other health insurance plan for the expenses being claimed? Yes No
If yes, please answer the questions below.
2. Who does the other insurance belong to? Self Spouse or common-law partner Dependant child
First name _____ Last name _____
Insurer name _____ Plan number _____ Certificate number _____
3. If the other insurance plan belongs to your spouse or common-law partner and the claimant is a dependant child, please provide your spouse or common-law partner's date of birth. Day Month
4. Have you sent a claim and/or otherwise contacted your other insurance carrier about this claim? Yes No

Please sign the following statement if you have other insurance. This allows us to coordinate the payment of your claim with other insurance carriers. This statement must be signed before any benefits can be paid.

I _____ signature hereby authorize Canada Life and its administrator to coordinate the payment of benefits with any other insurance carriers which may also have a liability for this claim. I hereby irrevocably direct Canada Life to make payments, receive payments, and negotiate settlements with other carriers on the claimant's behalf.

* If other insurance is not with Canada Life and you have submitted these expenses to your other insurer, please attach to this claim the Explanation of Benefits (EOB) provided by the other insurer. An EOB is required even if no benefits were paid by other insurance.

** We assess claims using the information you provided during Positive Enrolment, any discrepancies may delay our assessment of your claim.

PART 4 – Claimant information – Complete for all expenses; one line per claimant.

Claimant name		Claimant's relationship to plan member			Claimant's date of birth			If dependant child is between 21 and 25 years old, are they a full-time student?	
		Self	Spouse or common-law partner	Dependant child	Day	Month	Year	Yes	No
First name	Last name	<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 – Claim details – If additional space is needed, attach a separate page.

Claimant name - First and last name	Type of expense	Condition treated	Amount claimed

PART 6 – Travel and emergency details – Please complete all questions relevant to your claim.

1. What date did you start travelling? Day Month Year
2. What date did you anticipate returning from travel? Day Month Year
3. What date did you return from travel? Day Month Year
4. Were you on official travel status for government business? Yes No
If yes, provide a breakdown of dates for each.
Official travel status for government business start date. Day Month Year
Official travel status for government business end date. Day Month Year
Vacation start date. Day Month Year Vacation end date. Day Month Year
5. Where did you travel to? _____
6. Date of emergency? Day Month Year
7. Were you hospitalized because of the emergency? Yes No
8. Details of emergency: _____

PART 7 – Privacy

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. Please refer to the [PSHCP Privacy Statement \(canada.ca/en/treasury-board-secretariat/services/benefit-plans/health-care-plan/public-service-health-care-plan-privacy-statement-september-2009.html\)](http://canada.ca/en/treasury-board-secretariat/services/benefit-plans/health-care-plan/public-service-health-care-plan-privacy-statement-september-2009.html) for further information on how your privacy is protected. Where there is a difference between the [Privacy Act \(//laws-lois.justice.gc.ca/eng/acts/P-21/\)](http://laws-lois.justice.gc.ca/eng/acts/P-21/) and the PSHCP Privacy Statement and Canada Life's Privacy guidelines, Canada Life will apply the most stringent requirements. 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 canadalife.com.

PART 8 – Confirmation, Authorization and Signature

I authorize Canada Life, any healthcare or dentalcare provider, my plan sponsor, the Federal PSHCP Administration Authority, 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.

In accordance with the [Positive Enrolment Authorization and Declaration \(welcome.canadalife.com/pshcp/review-authorizations-and-declarations.html\)](http://welcome.canadalife.com/pshcp/review-authorizations-and-declarations.html) accepted during the completion of Positive Enrolment (refer to your Positive Enrolment Record if you completed Positive Enrolment by paper), I agree to the collection, use and disclosure of personal information as set out in the Privacy section, Canada Life's Privacy guidelines and the PSHCP Privacy Statement. For the purposes of appeals, audits, or in the case of overpayments and/or erroneous payments which I have not reimbursed to Canada Life, I agree that Canada Life may disclose personal information related to such payment to the Plan Sponsor, the Treasury Board of Canada Secretariat, and the Federal PSHCP Administration Authority. The Plan Sponsor/Treasury Board of Canada Secretariat may disclose this personal information to government institutions so that the overpayments and/or erroneous payments and associated interest (if applicable) can be deducted or set-off from any money due or payable to me by His Majesty.

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 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.

Plan member signature X _____ Date Day Month Year

PART 9 - Submitting your claim

Please send your claim to MSH International:

ONLINE

pshcp-msh.ca
Create an account and upload your required documents.
Your information is automatically saved and can be reviewed at any time.

MAIL

MSH International
PO Box 4903 Stn A
Toronto ON M5W 0B1

Questions? Call MSH International:

North America, call toll free 1-833-774-2700
International, call collect 1-365-337-7427



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