



Welcome to
Canada Life

What you need to know about your benefits plan

canada *life*



Welcome to your Canada Life

We know how important it is to take care of your financial, physical and mental well-being. Your Canada Life group plan can help provide support.

Let's get started. Here are a few tips to get the most out of your plan with the member site: My Canada Life at Work™.

Register for online services

1. **You'll need your plan number and member ID.**
If you don't have them, contact your plan administrator.
2. Go to mycanadalifeatwork.com three days after your plan takes effect.
3. **Register** to submit your claims online and review your coverage and balance details.

You can also go to your favourite app store and download the My Canada Life at Work app.

You can submit your claims, see what your plan covers and even download your benefits card to your mobile device.

And that's not all, here are a few other ways you can use My Canada Life at Work.

Get your claim payments deposited into your bank account

It's fast and easy to have your claim payments go right into your bank account. Just add your banking details when you register.

Tip: check the bottom of a cheque or sign in to your bank account online to find your banking info.

Find out when your claim has processed

1. Go to your **Profile** and select Notifications then Claim payment notifications.
2. Set your **Notifications** settings – you can choose email or text.

What to do when you're covered by more than one benefits plan

Here's how you can access both plans to get the most out of your coverage. If the claim is for:

You:

1. Submit the claim to Canada Life.
2. Submit the unpaid part to your spouse's plan.

Your spouse:

1. Submit the claim to your spouse's plan.
2. Submit the unpaid part to Canada Life.

Your child:

1. Submit the claim to the plan of the parent whose birthday falls the earliest in the year, regardless of their year of birth.
2. Submit the unpaid balance to the other parent's plan.



Need help?

Call us at 1-800-957-9777, Monday to Friday from 8 a.m. to 8 p.m. ET.

Hearing impaired members can use our TTY service available 24 hours a day, seven days a week.

- For TTY to voice call 711.
- For voice to TTY call 1-800-855-0511.

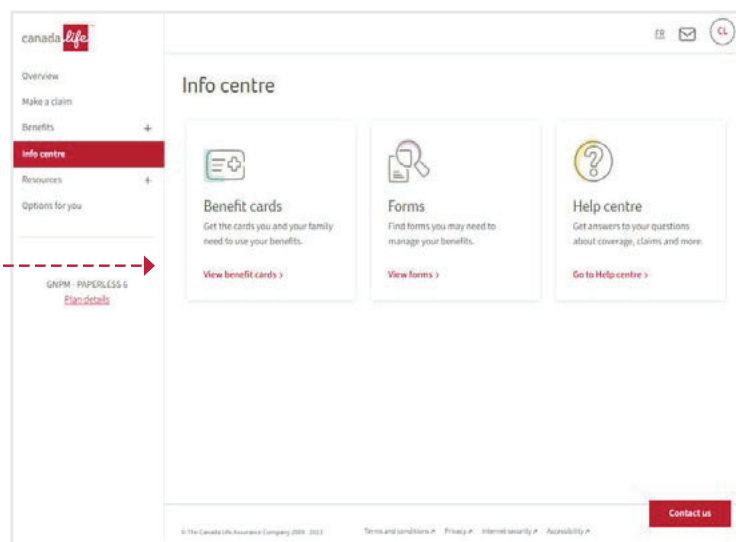
Get convenient
online access
to your
benefits card

Follow these steps to view,
save and print your card online.

1. Sign in to
mycanadalifeatwork.com

2. Select **Info centre**
from the left-hand menu

3. Select **Benefit cards**



You can also view and save your card to your
mobile device through the GroupNet mobile app.
canadalife.com | 1-800-957-9777



Register once. Benefit any time.

Online services for you

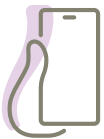
When it comes to managing your group benefits, convenience is key.

With My Canada Life at Work™, you can:

- Submit claims
- Review your benefits coverage
- Find health care providers
- Download, save or print your benefits card
- Get notified when your claims are processed

Signing up is simple

1. You'll need your plan number and member ID. If you don't have them, contact your plan administrator.
2. Go to mycanadalifeatwork.com.
3. Follow the instructions to register.



You can also go to your favourite app store and download the My Canada Life at Work app.



Your claims, your way

You have more options than ever to submit your claims, with no paper forms to fill out.

Submit your claims online

1. Sign in to My Canada Life at Work™ at mycanadalifeatwork.com or use the mobile app. New to your plan? Go to mycanadalifeatwork.com to register.
2. Choose **Make a claim**. You can sign up to get your claims paid to your bank account. Go to your Profile, select Banking and input your banking information.

Ask your health care provider

Some health care providers can submit your claim for you – just give them your plan number and member ID. You can find both on My Canada Life at Work.

Check if your provider can submit claims for you.

Search for **Provider eClaims** on mycanadalifeatwork.com.

Hold on to your receipts

Keep your original receipts for 12 months in case we need more information after you submit your claim.

Protecting your benefits

Canada Life is committed to protecting your benefits from fraud and misuse. We apply state-of-the-art safeguards to all online claims, along with additional electronic measures for even more protection. Claims submitted online are subject to random audits and detailed adjudication.

For more information, contact your plan administrator.



Health & Wellness Centre

Your well-being journey starts now

Whether you're looking to improve your habits, reduce stress or take control of your overall well-being, knowing where to start and staying motivated can be the greatest challenge. No matter your needs, the Health & Wellness Centre is designed to help you understand your health and empower you to make improvements, little by little. And little steps can add up to big results!

Through personalized tools and resources, available anytime, anywhere, you have guided access to everything you need to build your health skills and take control of your wellness journey. And the best time to start? Now!



How does it work?

Your journey towards improved health and well-being starts by getting a picture of your current health so you can better understand important areas of focus, and plan what steps you'll take to make improvements. **It's simple, and the best part? You choose your pace.**

Step one

Know your health

Start by getting your own personal **Health insights** – complete a series of questions, otherwise known as a Health Risk Assessment (HRA), for a quick overview or a deep dive into your physical, mental, financial, lifestyle, and social and environmental health.

Once complete, review your personalized report which includes tips, resources and recommended steps for improving your health and building lasting habits.

Step two

Improve your health

Now that you've got a sense of where to focus, the opportunities – and the fun – are endless!

Use the **Health library** to explore hundreds of expert-reviewed articles, videos, health tips and recipes that can support and guide your wellness journey.

Find inspiration and feel empowered to jump-start your wellness with fun and motivating **health challenges** ranging in difficulty and duration.



Access supports for a spectrum of mental health needs including stress, anxiety and depression, as well as lifestyle matters that impact mental health like parenting, weight management and sleep, using **myStrength**. Complete the questionnaire and receive a personalized mental wellness program to support your unique needs. Along your journey, access 1,100+ self-paced activities and other mental health resources, and direct message with a 1:1 coach for personalized navigation and support to keep on track.



The Health & Wellness Centre, powered by Teladoc Health, is included in your benefits plan at **no extra cost** and is designed to help you:

- Build your health and wellness knowledge and skills
- Empower your health and wellness goals
- Improve accountability towards your wellness journey
- Identify health risks, and access tools and resources proven to help
- Proactively manage your health and wellness
- **And have fun along the way!**

Ready to get started?

It's easy! From your desktop or mobile browser, sign in to **My Canada Life at Work™**. Under resources, select Wellness and follow the on-screen prompts to get started.

myStrength was developed by experts and uses a data-driven approach to deliver proven supports that meet your unique needs.



82%

of users reported it as effective as face-to-face therapy¹



96%

user satisfaction rate¹

¹ Teladoc Health, myStrength data, 2022.

All services described in this document or otherwise provided by Teladoc Health, its affiliates or its service providers (collectively, the "Services") are the sole responsibility of Teladoc Health. Canada Life is not responsible for the provision of the Services, their results or any treatment received or requested in connection with the Services. Canada Life has not reviewed or approved the information offered as part of the Services and such information is not meant to be construed as the professional advice of Canada Life. Any representations or warranties concerning the Services are those of Teladoc Health and not Canada Life. Access to the Services provided through Teladoc Health's website or any software application are subject to your acceptance of the terms and conditions (including privacy policies) established from time to time by Teladoc Health.

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Health Case Management

Supporting you

Taking new medications can sometimes be overwhelming, especially if you're trying to understand instructions for the medication or dealing with side effects.

Health Case Management can help. It connects you with personalized support to help you navigate your treatment.

- You get a personal health case manager to guide you through everything from focusing the effectiveness of treatment plans to making sure that medication is taken as directed
- It promotes collaboration between a network of healthcare professionals which helps maximize the effectiveness of your treatment

When you or your dependents are prescribed one of the eligible drugs related to a specific condition you or your dependent will be enrolled in the Health Case Management Program. You will be informed of the process in your approval letter.

In some cases, you could simply be contacted to co-ordinate the dispensing and delivery of your covered medication. In others you may be selected for ongoing contact with a health case manager to monitor your progress and closely follow the required treatment.

Providing you support for consistent treatment

Canada Life™ works with the experts at HealthForward Inc, to provide Health Case Management. Registered nurses with an extensive knowledge of specialty medications help assess treatment plans, assist patients, and arrange to have certain drugs that require special handling dispensed. These experts are backed by a pharmacy and treatment clinic network. Together they help ensure consistency in treatment and help improve your experience.

Your health comes first

Through Health Case Management, managing treatment plans can help you achieve better health outcomes.

New drug treatments and breakthroughs are helping Canadians like you, with medical conditions that were once thought untreatable. However, with the cost of specialty medications ranging between \$30,000 to over \$600,000 per year, many Canadians can't afford them without the help of a group benefits plan.

For more information about your Canada Life group benefits plan, contact your benefits administrator or visit us online at canadalife.com.





Travel coverage

World-wide support in emergency medical situations

You have protection in a medical emergency anywhere in the world. For travel assistance, you also have protection in Canada if your trip is more than 500 km from home.

Help is available in two ways: through out-of-country emergency care coverage and travel assistance.

Out-of-country emergency care coverage

This coverage provides help during a medical emergency while you or your dependants are outside of Canada for vacation, business or education.

What's considered a medical emergency? That depends on the terms of your group plan. Most plans cover medical expenses for the initial treatment of a medical emergency, such as physician fees, lab fees and hospital fees. It's important to review your benefits booklet before you travel.

Provincial health care coverage must be in place for your out-of-country emergency care coverage to apply.

Travel assistance coverage

This is different than out-of-country emergency care coverage. It gives you access to a travel assistance provider, who can help you find medical help or arrange travel after a medical emergency. It's available 24 hours a day, every day. It's important to review your benefits booklet for details, including any limits based on the length of your trip. It can also help with things like:

- Interpreter services
- Vehicle return
- Care for unattended children
- Help for travelling companions

Your plan doesn't include trip cancellation, trip interruption or lost and damaged baggage coverage.

Travel assistance is also sometimes called Global Medical Assistance in your benefits plan.



How do I submit a claim?

When you return home, complete the out-of-country claim form that's available on canadalife.com. Follow the submission instructions on the form. All benefit payments are made in Canadian dollars.

If you have questions about your claim, call the travel assistance provider:

Canada or U.S.A.: 1-866-530-6025 (toll-free)

All other countries: 1-905-816-1990 (collect)

If you have questions about your coverage, call Canada Life at 1-800-957-9777 to speak with the out-of-country claims department. A TTY line is available for the deaf or hard of hearing by dialing 711.



Who do I call in case of a medical emergency?

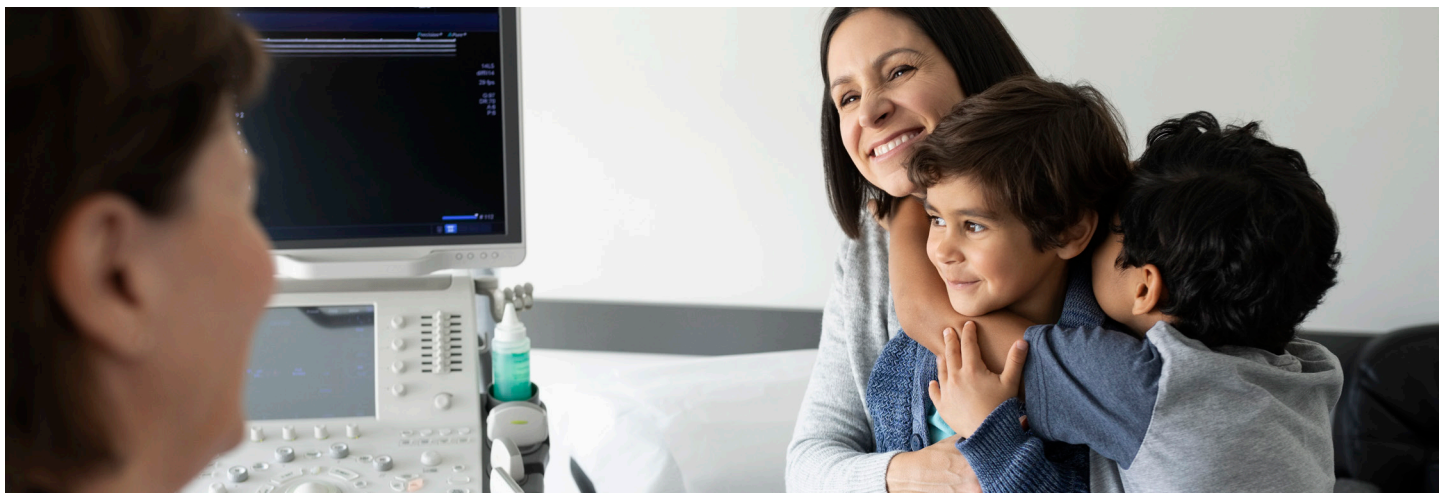
If you experience a medical emergency while outside Canada or 500 km away from home, call:

Canada or U.S.A.
1-855-222-4051 (toll-free)

All other countries
1-204-946-2577 (collect)

These numbers are also on your card and on canadalife.com.

This document highlights features of Travel Assistance. The plan provisions are detailed in the group contract issued to your plan sponsor by Canada Life. The group contract shall be the governing document. The travel assistance provider, Canada Life and your plan sponsor are not responsible for the availability, quantity, quality or results of any medical treatment received by an insured traveller, or for the failure of an insured traveller to obtain medical services.



Optional group term life insurance

Additional protection for you and your spouse

Helping you prepare for the “just in case”

Imagine for a minute the unthinkable – what if you suddenly died? Your group benefits plan provides some life insurance, but would it cover all your expenses and still take care of your loved ones?

Optional group term life insurance helps your loved ones with life's extra expenses. Maybe this includes ongoing payments such as bills, a mortgage or student loans? Or maybe it involves paying for your kids' post-secondary education? It's up to you!

Together, we can top-up your basic group life insurance and help you build a plan to ensure your loved ones' financial future is secure.

You should know

Your monthly premium comes right off your paycheque. You don't even have to think about it.

You can increase your existing insurance coverage, at low group rates, to help meet the needs of you and your loved ones.

Who's eligible?

Are you and your spouse under the age of 65 years old? You can apply for coverage!

Talk to your plan administrator to learn more about optional life insurance today!

Healthcare Expenses Statement With Healthcare Spending Account

INSTRUCTIONS

1. Complete page 1 and 2 of this form in full.
2. Sign and date the form.
3. Please retain copies for your files as original receipts will not be returned.
4. Send to the appropriate Benefit Payment Office for your plan.
See PART 9.

Benefits to be paid from:

- ☐ Healthcare Plan Only
☐ Healthcare Spending Account Only
☐ Both

All claims under this group benefits plan are submitted through the plan member. We may exchange personal information about claims with the plan member and a person acting on their behalf when necessary to confirm eligibility and to mutually manage the claims.

PART 1 - Plan Member Information

1

You must complete this section fully.

If you are unsure of your plan name, plan number or plan member I.D. number, please contact your plan administrator.

Plan name			
Plan number		Plan member I.D. number	
Plan Member Name			
Last name		First name	
Plan Member Address			
Number and street			
City or town		Province	Postal code
Date of birth:	Day	Month	Year
Language preference: <input type="checkbox"/> English <input type="checkbox"/> French			

PART 2 - Coordination of benefits

2

Complete this section to indicate whether you or any member of your family have benefits coverage from any other plan.

1. Are you, or any member of your family, entitled to benefits under any other plan for the expenses being claimed? ☐ Yes ☐ No If yes, please provide:

Name of insurance company
Plan number
Plan member I.D. number

 If spouse's plan, please provide spouse's date of birth:

Day	Month	Year
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2. Is treatment required as the result of a motor vehicle accident?
☐ Yes ☐ No
3. Is a claim being made for Workers' Compensation Benefits?
☐ Yes ☐ No

PART 3 - Patient information

3

Complete for all expenses; one line per patient.

Patient name	Relationship to plan member	Date of birth Day Month Year	If child over 18 years		Does Patient Reside with Plan Member? Yes No
			Full time student hours per week	If employed, how many hours worked per week?	
			Yes No		Yes No
			<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 4 - Prescription drug expenses

4

For all prescription drug claims

Attach all original receipts.
 • Patient name, date of purchase, drug identification number and drug name.

PART 5 - Paramedical Expenses

5

For chiropractor, physiotherapist, massage therapist, psychologist, etc.

Attach original receipts. Receipts must indicate the:

- Patient name, length and type of service and date of service
- Healthcare provider's name, address, phone number, designation and professional association
- Date last paid by provincial plan (if applicable)

Provider's name	Type of service	Phone number

PART 6 - Medical Expenses

6

For medical equipment, appliances and services.

Attach original receipts and recommendation from prescribing physician, including diagnosis.

Receipts must indicate the:

- Patient name, date of service and description of item purchased
- Provider's name, address and telephone number
- Provincial plan statement of payment (if applicable)

PART 7 - Visioncare Expenses

7

Laser eye surgery, glasses, contact lenses and eye exams.

Attach original receipts.

Reason for purchase of lenses? (check all that apply)

- ☐ Initial prescription
 ☐ Prescription change
 ☐ Loss or breakage
 ☐ None of the above

PART 8 - Confirmation, Authorization and Signature

8

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 **X**

Date: Day Month Year

PART 9 - Submitting Your Claim

9

Please send your claim to the Benefit Payment Office below. If blank, please consult your plan administrator for the address.

Questions? Call Toll Free:

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



Dentalcare Expenses Statement With Healthcare Spending Account

Benefits to be paid from:

- ☐ Dentalcare Plan Only
☐ Healthcare Spending Account Only
☐ Both

INSTRUCTIONS

1. Complete page 1 and 2 of this form in full.
2. Sign and date the form.
3. Please retain copies for your files as original receipts will not be returned.
4. If you wish benefits to be paid directly to the dentist, sign the assignment portion of PART 1 below. Assignment of benefits is irrevocable. Canada Life may discuss details of this claim with the assignee.
5. Send to the appropriate Benefit Payment Office for your plan. See PART 7.

All claims under this group benefits plan are submitted through the plan member. We may exchange personal information about claims with the plan member and a person acting on their behalf when necessary to confirm eligibility and to mutually manage the claims.

PART 1 - DENTIST INFORMATION - To be completed by Dentist

1

PATIENT		Unique No.	Spec.	Patient's office account No.	I hereby assign my benefits payable from this claim to the named dentist and authorize payment directly to the dentist. Signature of subscriber _____
Last name _____ Given name _____		DENTIST			
Address _____ Apt./Suite No. _____					
City _____ Prov. _____ Postal code _____					
Phone No. _____					

For dentist's use only, for additional information, diagnosis, procedures, or special consideration.

I understand that the fees listed in this claim may not be covered by or may exceed my plan benefits. I understand that I am financially responsible to my dentist for the entire treatment.

I acknowledge that the total fee of \$ _____ is accurate and has been charged to me for services rendered.

I authorize release of the information contained in this claim form to my insuring company/plan administrator. I also authorize the communication of information related to the coverage of services described in this form to the named dentist.

Duplicate form ☐

Signature of patient (parent/guardian) _____

Office verification _____

Date of Service Day Month Year	Procedure Code	Intl. tooth Code	Tooth Surfaces	Dentist Fees	Laboratory Charge	Total Charges

This is an accurate statement of services performed and the total fee due and payable, e. & o.e.

TOTAL FEE SUBMITTED \$ _____

PART 2 - Claim Details - To be completed by Dentist

2

Please specify claim details.

1. Is this treatment required as the result of an accident? ☐ Yes ☐ No

If yes, please provide:

Date: _____ Location: _____

Explain how accident happened

2. If claim is for a denture, crown, or bridge, is this initial placement? ☐ Yes ☐ No

If no, give date of prior placement and reason for replacement:

3. If claim is for a denture or bridge, please provide missing tooth number(s):

PART 3 - Plan Member Information

3

You must complete this section fully.

If you are unsure of your plan name, plan number or plan member I.D. number, please contact your plan administrator.

Plan name			
Plan number		Plan member I.D. number	
Plan Member Name			
Last name		First name	
Plan Member Address			
Number and street			
City or town		Province	Postal code
Date of birth:	Day	Month	Year
			Language preference: <input type="checkbox"/> English <input type="checkbox"/> French

PART 4 - Coordination of benefits

4

Complete this section to indicate whether you or any member of your family have benefits coverage from any other plan.

1. Are you, or any member of your family, entitled to benefits under any other plan for the expenses being claimed? ☐ Yes ☐ No If yes, please provide:

Name of insurance company
Plan number
Plan member I.D. number

If spouse's plan, please provide spouse's date of birth:

Day	Month	Year
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2. Is a claim being made for Workers' Compensation Benefits?
☐ Yes ☐ No

PART 5 - Patient information

5

Complete this section if claim is for spouse or dependant.

Patient name	Relationship to plan member	Date of birth Day Month Year	If child over 18 years		Does Patient Reside with Plan Member? Yes No
			Full time student hours per week Yes No	If employed, how many hours worked per week?	

PART 6 - Confirmation, Authorization and Signature

6

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).

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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 X _____

Date: Day Month Year

PART 7 - Submitting Your Claim

7

Please send your claim to the Benefit Payment Office below. If blank, please consult your plan administrator for the address.

Questions? Call Toll Free:



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