

Checklist for submitting Health & Dental Benefits claims:



- Before contacting Pensioner Services, claimants are asked to adhere to the following recommendations and guidelines:
- Make sure that the item, service or treatment being claimed is indeed covered by your plan. If unsure about the coverage, your benefits provider should be contacted for clarification and guidance.
- Make sure that any company you plan to deal with is in good standing with your benefits provider. Sun Life's website maintains a list of delisted providers under the "Benefits" section (i.e. companies that are not covered). Green Shield (GSC) plan members are advised that when a provider's standing is unknown, to consult GSC prior to making a purchase.
- A predetermination should be requested for any health/dental treatment or medical item expected to exceed \$600.
- As much as possible, obtain a dated prescription from a licensed practitioner for any medication, medical item, etc.
- When filing a claim, please follow the claim submission guidelines as outlined in your health benefits booklet, your benefits provider's website or your health & dental plan's documentation.
- Disputed claims should first be discussed thoroughly with your benefits provider with the objective of reaching an agreement or resolution (See above for your group's benefits provider's contact information).
- If an issue remains unresolved, claimants are asked to gather as much supporting documentation and details as possible (e.g. receipts, correspondence, contact notes & dates, claim details, etc.) and provide this to your Pensioner Services group for follow-up.
- And remember, when calling or emailing Pensioner Services, always provide your full name, employee number, phone

- number and the nature of your request. **Make sure to specify if the matter is urgent.**

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