

## 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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