



# PLAN MEMBER'S GUIDE



**AGA**  
BENEFIT  
SOLUTIONS

We always seek to do more for each client...

This present guide has been issued with the aim of informing the plan member about the main features of his/her group plan administered by AGA Benefit Solutions.

The general information provided in this guide constitutes answers to the questions our plan members frequently ask.

In order to determine whether the services and products listed in this guide are payable, please consult your insurance brochure and/or contact our customer service department.

### **Contact us**

In order to better meet your needs, our customer service department is available to you from Monday to Friday, from 8.30 a.m. to 8 p.m.

When phoning one of our representatives, please make sure you have your certificate number handy which you can find on your insurance certificate, wallet-size AGA card or request for reimbursement slip.

#### Phone numbers

Montreal: 514 935-5444

Québec: 418-683-8823

Toll-free: 1-800 363-6217

#### Fax numbers

Montreal: 514-935-1147

Québec: 418-682-2433

#### Email

[service.client@aga.ca](mailto:service.client@aga.ca)

#### Mailing address

3500, de Maisonneuve blvd West, suite 2200

Montréal, QC H3Z 3C1

[www.aga.ca](http://www.aga.ca)

## Table of contents

Members portal.....	4
Members portal overview.....	4
Forgotten password.....	5
How to register to direct deposit .....	6
Online.....	6
By mail .....	7
Eligibility and membership .....	8
Enrollment .....	8
Health and dental benefits waiver .....	8
Dependent Life Insurance.....	8
Dependents .....	8
Proof of full-time student status .....	9
Change of information to your file .....	9
Beneficiaries.....	9
Insurance brochure.....	10
Insurance certificate .....	10
Forms .....	11
Administrative forms .....	12
Evidence of insurability or health declaration .....	12
Disability insurance claim forms.....	12
Health and dental insurance claim forms .....	12
Health and dental care.....	13
Before you submit a request for reimbursement .....	13
Submitting a request for reimbursement .....	15
Response to your request for reimbursement.....	18
Additional information about your benefits .....	20
Disability insurance.....	24
Submit a request .....	24
Long-term disability .....	24
Response to your request.....	24

## Members portal

Our Members portal is easy to use and accessible on a computer, tablet or smart phone, and will allow you to:

- Submit a claim online (consult the “Submit a claim” section for more details)
- Consult and print your wallet-size card as well as your travel assistance card
- Consult your insurance certificate
- Consult the health benefits covered under the section “Your plan”
- Change your banking information and personal information
- Change any personal information in regards to yourself or any insured dependants (name, date of birth and gender)
- Add or remove your childrens student status
- Consult your claim summaries
- Change your address
- Download forms
- Consult our press releases

In the same way as online claims, requests for a change of address or banking information are processed within a delay of **48 business hours**.

As indicated in the terms and conditions of the online claims section, please keep the original receipts for at least 12 months from the date you submit your claim. Furthermore, in the event your insurance certificate should be terminated, please note that your ability to submit claims online will be upheld for 90 days following the termination. However you will be able to consult your file online for an indefinite period.

## Members portal overview

The screenshot displays the AGA Benefit Solutions Members Portal. The top navigation bar includes the AGA logo, the text 'AGA BENEFIT SOLUTIONS', and links for 'CONTACT US' and 'FRANÇAIS'. A 'GUIDED TOUR OF THE MEMBERS PORTAL >>>' button is also present. Below the navigation bar, there are links for 'SUBMIT CLAIMS', 'SUBMITTED CLAIMS', 'PROCESSED CLAIMS', 'FORMS', and 'PRESS RELEASES'. A 'My Record' section shows the certificate number 'FAUCPA001'. The main content area is titled 'LATEST PROCESSED CLAIMS' and features a table of claims with a yellow header row that says 'Click on the arrow to see the details of the request.' The table lists five claims with their dates, details, and amounts. To the right of the table are buttons for 'SUBMIT CLAIMS' and 'WALLET CARD', and two promotional banners for medication and drug savings.

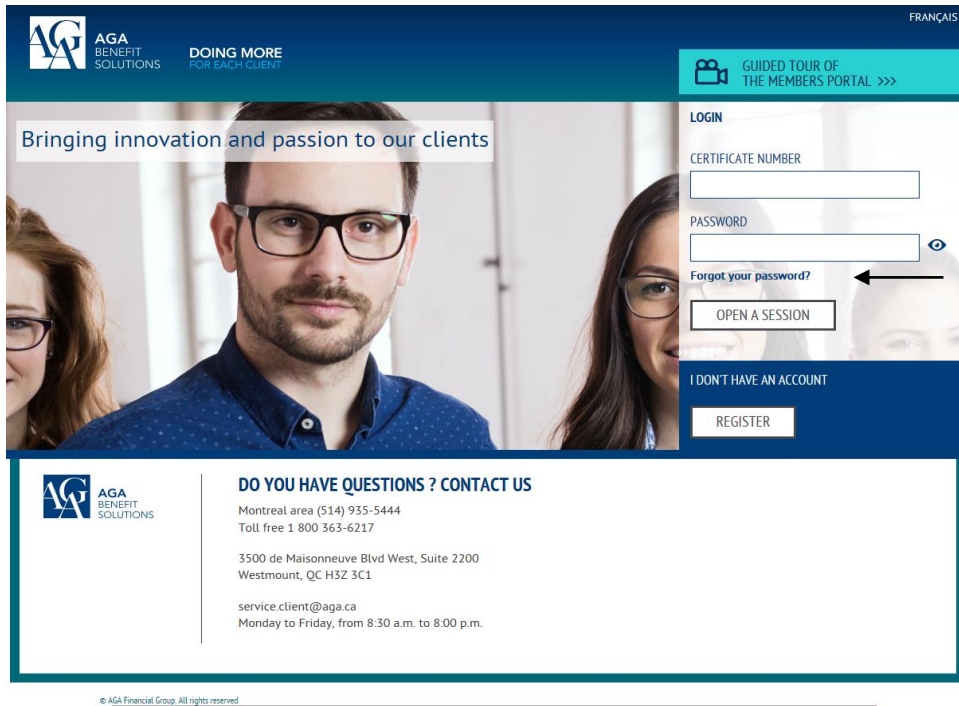
Click on the arrow to see the details of the request.			
April 1, 2016	Click here to see more details	Request or confirmation	▼
August 31, 2015	Click here to see more details	Audit request	▼
September 25, 2014	Amount submitted : \$0.00	Amount paid : \$0.00	Payment \$0 ▼
September 24, 2014	Amount submitted : \$160.00	Amount paid : \$128.00	Direct deposit ▼
September 19, 2014	Amount submitted : \$47.93	Amount paid : \$30.34	Telus/Assure card ▼

See all your processed claims >

© AGA Financial Group. All rights reserved

## Forgotten password

On the homepage of the members portal, click on “**Forgot your password?**”:



AGA BENEFIT SOLUTIONS DOING MORE FOR EACH CLIENT

FRANÇAIS

GUIDED TOUR OF THE MEMBERS PORTAL >>>

LOGIN

CERTIFICATE NUMBER

PASSWORD

Forgot your password? ←

OPEN A SESSION

I DON'T HAVE AN ACCOUNT

REGISTER

Bringing innovation and passion to our clients

DO YOU HAVE QUESTIONS ? CONTACT US

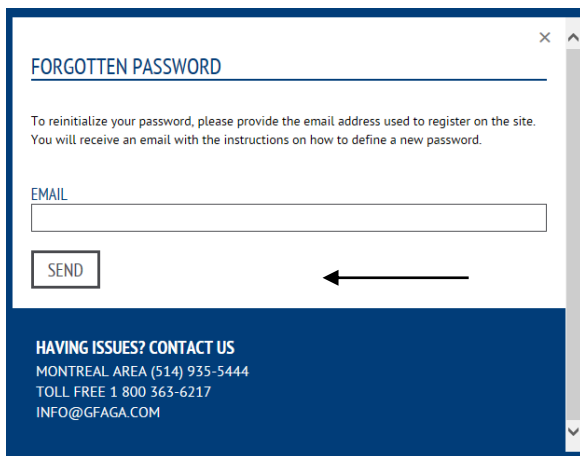
Montreal area (514) 935-5444  
Toll free 1 800 363-6217

3500 de Maisonneuve Blvd West, Suite 2200  
Westmount, QC H3Z 3C1

service.client@aga.ca  
Monday to Friday, from 8:30 a.m. to 8:00 p.m.

© AGA Financial Group. All rights reserved.

In the opening window, type in your email address, the one you provided at the time of registration and click on “**Send**”:



FORGOTTEN PASSWORD

To reinitialize your password, please provide the email address used to register on the site. You will receive an email with the instructions on how to define a new password.

EMAIL

SEND ←

HAVING ISSUES? CONTACT US

MONTREAL AREA (514) 935-5444  
TOLL FREE 1 800 363-6217  
INFO@GFAGA.COM

An automated email will be sent immediately. Once received, click on “**here**” and follow these few steps:

- Answer the security question (the one you answered at the time of registration).
- Click on “Send”.
- Reset your password.

You will finally be notified that the password has been reset successfully.



## By mail

You can also register to direct deposit by filling out the Request for reimbursement slip (or the Health or Dental insurance claim form) and enclosing a void cheque:

REQUEST FOR REIMBURSEMENT		Please complete the reverse side if fees are for a student child	
Group number <b>2337</b>	Insured number <b>MOINLU001</b>	<input type="checkbox"/> Insured : <b>Lucie Moineau</b> <b>F</b> <b>1980.01.01</b>	
Change of address	800 / 1	<input type="checkbox"/> Spouse : <b>Luc Moineau</b> <b>M</b> <b>1970.01.01</b>	
<div>Address</div> <div>City</div> <div>Province Postal code</div>		<input type="checkbox"/> Child(ren) :	
<b>MS LUCIE MOINEAU</b> <b>1234, RUE DES OISEAUX</b> <b>OISEAUVILLE QC J8J 8J8</b>			
<b>IMPORTANT</b> Complete this coupon and attach to your receipts. Send original receipts only (or originals marked "copy 1"). Receipts will not be returned.		Dependents insured with another group plan? No <input type="checkbox"/> Yes <input type="checkbox"/> Expenses due to a work related accident? No <input type="checkbox"/> Yes <input type="checkbox"/> Submit expenses not covered to my Health Spending Account/Cost-Plus? No <input type="checkbox"/> Yes <input type="checkbox"/> Submit any amount not reimbursed to my Health Spending Account/Cost-Plus? No <input type="checkbox"/> Yes <input type="checkbox"/>	
AGA Financial Group Inc. 3500 De Maisonneuve Blvd W., suite 2200, WESTMOUNT QC H3Z 3C1		<input type="checkbox"/> <b>YES, I would like to receive my claims reimbursements directly into my bank account.</b> <b>You must attach a "VOID" cheque.</b> I authorize health professionals or organisms concerned to communicate, with AGA Financial Group Inc. or the insurer, any information relating to the present request for reimbursement.	
		Employee's signature	Date

## **Eligibility and participation**

### **Enrolment**

Most group plans include a mandatory participation clause. In Quebec, anyone under 65 years of age who has access to a group plan is obligated to join. However, if you participate personally to any other group plan or if you are insured by the group plan of your spouse, it is possible to get an exemption. You can only opt out of the health and dental benefits as all other benefits included in the plan are mandatory. A proof of participation in the plan must be filed with your employer.

### **Health and dental benefits waiver**

You can request for an exemption by filling out the Notice of Change in Coverage form, which you can get from your employer. Once completed, please hand the original back to your employer.

### **Dependent life insurance**

This benefit, when provided under your plan, is made compulsory by some insurance carriers if you have a spouse or children eligible. It is then important you mention on the Enrolment form the personal information of your spouse and/or eligible children even though you have chosen an “individual” plan or an “exemption”.

### **Dependents**

When enrolling in the insurance group plan offered by your employer, you have the responsibility and obligation to register eligible dependents, unless they are already covered by another insurance group plan. You will also be responsible to unregister them as soon as they are no longer eligible to the plan.

Please note that your dependents cannot be insured under the Quebec government drug plan if you are covered by the group plan offered by your employer, with the exception of a spouse aged 65 or older.

Please note that we consider as a dependent child your natural or adopted child, or stepchild, who is unmarried, who is not employed on a full-time basis (unless is a full-time student), who is not eligible for insurance as an employee under this or any other group benefit program and who is under the age of 21, or under the age of 25 if attends on a full-time basis a school (26 years of age in Quebec), a college or university. Moreover, the child insured under the plan who is incapacitated on the date he or she reaches the age when coverage would normally terminate, will continue to be an eligible dependent.

## Proof of full-time student status

Full-time student status of your dependent child needs to be confirmed as soon as he/she turns **21 years of age**, even when the birthday occurs during the school year. In order to do so, fill out the appropriate section on the reverse of the Request for reimbursement slip (with the exception of the insurer Humania for whom an official confirmation letter issued by the school administration, or a copy of the tuition fees invoice or else the detailed timetable of the student, is required) or update it directly on our members portal. It is also possible to confirm the status by phoning one of our customer service agents, with the exception of the insurer Humania.

Full-time student status needs to be confirmed once a year before September 1st, with the exception of the insurer Humania for whom confirmation needs to be given before the beginning of each school session (meaning before September 1st and before January 1st). You also need to notify us as soon as your child stops attending school or as soon as he/she is no longer a dependent.

## Change of information to your file

To request a change in coverage following an eligible life event, for example a separation, please fill out the Notice of change in coverage form which you can get from your employer. Once completed, the original will have to be handed back to your employer.

You need to make sure your request gets processed in a timely manner since we need to receive any request for change within **31 days** following the effective date of the change, or else the insurer may require you to fill out a health declaration.

We do recommend you keep a copy of the completed form in your personal file.

## Beneficiary (ies)

It is of utmost importance that you appoint one or several beneficiaries in the appropriate section of the enrolment form. If you refrain to do so, the death benefit will be paid to the legal heirs. The beneficiaries may be **revocable** or **irrevocable**.

- In the case where the beneficiary is revocable, you will be able to request for a change without having to inform the beneficiary ;
- In the case where the beneficiary is irrevocable, you will have to get written consent from the beneficiary before you can make any change to the beneficiary.

For Quebec participants only, the designation of your spouse (married or civil union) as beneficiary is irrevocable unless otherwise specified. If the beneficiary is shown as irrevocable, his/her consent will be required to change it. There might be issues with respect to the appointment of a trustee as beneficiary. You should contact a legal advisor regarding this matter.

## Insurance brochure

In order to determine whether a service or equipment is eligible under your group plan, please consult your insurance brochure. It explains in detail all the benefits you and your eligible dependents are covered for. Your employer will hand it over to you within the first few weeks following the effective date of the group plan.

Once it is in your hands, we recommend you get familiar with it as soon as you can.

For any questions regarding your insurance group plan, please do not hesitate to get in contact with one of our customer service agents by phone or email at [service.client@aga.ca](mailto:service.client@aga.ca).

## Insurance certificate

The insurance certificate is issued following the implementation of the group and your employer will hand it to you within a few days following the effective date of the insurance. It will indicate the benefits insured but also your group and certificate number which will be useful to you when contacting AGA.

The insurance certificate is made of detachable sections, the request for Reimbursement form as well as the wallet-size card.

We strongly recommend you go over the benefits listed and check the accuracy of the information on the certificate.

REQUEST FOR REIMBURSEMENT		Please complete the reverse side if fees are for a student child		
Group number 2337	Certificate MOINLU001	Insured : Lucie Moineau	F 1980.01.01	
Change of address		Spouse : Luc Moineau	M 1979.07.01	
Address		Children : Lucille Moineau	F 2016.10.12	
City				
Province	Postal code			
MS LUCIE MOINEAU 1234 RUE DES OISEAUX OISEAUVILLE QC J4V 8J8		<input type="checkbox"/> Dependents insured with another group plan? <input type="checkbox"/> Expenses due to a work-related accident? <input type="checkbox"/> Submit expenses not covered by my Health Spending Account/Cost Plan? <input type="checkbox"/> Submit any amount not reimbursed to my Health Spending Account/Cost Plan? <input type="checkbox"/> YES, I would like to transfer my claims/reimbursements directly into my bank account. You must attach a "VOID" cheque. <input type="checkbox"/> I authorize health professionals or organizations concerned to communicate with AGA Financial Group Inc. or the insurer, any information relating to the present request for reimbursement.		
<b>IMPORTANT</b> Complete this coupon and attach to your receipts. Send original receipts only (or originals marked "copy 1"). Receipts will not be returned. AGA Financial Group Inc. 3500 De Maisonneuve Blvd W., suite 2200, WESTMOUNT QC H3Z 3C1		Employee's signature _____ Date _____		
<b>INSURANCE CERTIFICATE</b>		Administered by: AGA FINANCIAL GROUP INC. 3500 De Maisonneuve Blvd W., Suite 2200 WESTMOUNT QC H3Z 3C1 Tel.: (514) 935-5444 / 1 800 363-6217 FAX : (514) 935-1147 E-mail : service.client@aga.ca Members portal : <a href="https://adhonoris.agac.ca">https://adhonoris.agac.ca</a>		
Group no.	Certificate	Insured name	Effective date	Issue date
2337	MOINLU001	Moineau, Lucie	2014.10.01	2017.11.07
Summary of benefits		Insurer	Contract no.	
Life Insurance		Prospect	00000	
Accidental Death & Dismemberment		Prospect	00000	
Dependent Life Insurance		Prospect	00000	
Weekly Indemnity		Prospect	00000	
Long Term Disability		Prospect	00000	
Health Care (Family)		Prospect	00000	
Dental Care (Couple)		Prospect	00000	
* Please take note of the notice of file on reverse				
<b>NOTICE</b> This card is valid as long as the participant is insured by virtue of the group policy. ** The insured and his dependents must hold a provincial health insurance card. Administered by : AGA FINANCIAL GROUP INC. 3500 De Maisonneuve Blvd W., Suite 2200 WESTMOUNT QC H3Z 3C1 Tel.: (514) 935-5444 / 1 800 363-6217 FAX : (514) 935-1147 E-mail : service.client@aga.ca Members portal : <a href="https://adhonoris.agac.ca">https://adhonoris.agac.ca</a>		Group number 2337 Certificate MOINLU001 Insured name Moineau, Lucie Health Family Travel insurance** Prospect Pharmacist Dental Hospitalization Dental semi-private Couple Contract 00000 35 002337 000INLU001 01 (AGA) 002337 000INLU001 TELUS 1888.878		

Please note that for security purposes the volumes for which you are insured as well as your choice of option (provided your plan offers any) will not appear on the certificate mailed to you but it will be indicated on your **online certificate** in your Members portal.

## Forms

All our forms are available online on our website [www.aga.ca](http://www.aga.ca)

### Administrative forms



#### DESIGNATION OR CHANGE OF BENEFICIARY

3500 de Maisonneuve Blvd. West, Suite 2200, Westmount, QC, H3Z 3C1

##### ADMINISTRATIVE INFORMATION

A copy of the **Designation or Change of beneficiary** can be submitted to us, however the original or a scanned copy must be saved in your records.



#### NOTICE OF TERMINATION OF INSURANCE

☞ Upon termination of employment, please remit this form to the employee

##### ADMINISTRATIVE INFORMATION

(to be completed by the employer)

In the event your employment or insurance should be terminated, please ask your employer for the **Notice of termination of insurance form** as you may convert eligible group benefits to an individual policy should you choose to.



#### NOTICE OF CHANGE IN COVERAGE

All changes in employee status must be submitted within 31 days from the date of the event, if not, proof of insurability may be requested by the insurer

##### ADMINISTRATIVE INFORMATION

The **Notice of change in coverage** form must be completed if following an eligible life event you wish to change the type of your plan.

## Evidence of insurability or health declaration

This form is required when an employee becomes eligible to excess amounts of coverage, is as a late applicant, or request for optional life insurance (provided it is offered under your group plan). If so, you will receive an explanatory letter from AGA and the appropriate form enclosed.

## Disability insurance forms

All forms relating to a request for disability benefits, including the forms issued by your insurer, are available on our website [www.aga.ca](http://www.aga.ca) in the Members access section on the top right hand corner.

## Health and Dental Claim form



### HEALTH INSURANCE CLAIM

3500 de Maisonneuve Blvd West, Suite 2200, Westmount QC H3Z 3C1

The **Health insurance claim** form may be used in replacement of the Request for reimbursement slip. The duly completed form must be sent by regular mail along with the original receipts. The original receipts are never sent back. Please note that the Telus assure direct payment must be used whenever you buy drugs at the pharmacy.



### STANDARD DENTAL CLAIM FORM

3500 de Maisonneuve Blvd West, Suite 2200, Westmount QC H3Z 3C1

**PART 1 : DENTIST**

☐ Predetermination

**ASSIGNMENT TO THE DENTIST**

The Telus assure direct payment service must also be used to claim any dental care. However if for any reasons a claim should be sent manually, the Standard dental insurance claim form will have to be completed and sent by regular mail.

Should you have to send the claim by mail, please note that we also accept the Standard insurance claim form issued by your dentist provided the same information required on our form can be found.

## Health and Dental care

### Before you submit a request for reimbursement

#### Assignment of benefits

The reimbursement is at all times issued in your name (the primary insured), in exception for dental care or hospital bills, which we can reimburse directly to the dentist or the hospital in exchange for the assignment of benefits signed by the insured, generally found right on the standard dental claim form issued by your dentist or the claim form issued by the hospital.

#### Health Spending Account (HSA)

The Health Spending Account is an account in which the employer funds an annual allocation often depending on the type of protection chosen and is set up for the group plan member to claim any health or dental care not covered under the group plan and supplement the basic coverage.

In addition to the expenses relating to the deductible and coinsurance, eligible expenses must qualify under the Income Tax Act, hence the importance to provide at all times a **detailed receipt** when submitting a request for reimbursement. For dental care the standard claim form including procedure codes must be provided.

Please consult the following links for any additional information:

<https://www.revenuquebec.ca/en/online-services/forms-and-publications/current-details/in-130-v/>

<http://www.cra-arc.gc.ca/F/pub/tg/rc4065/LISEZ-MOI.html>

All claims relating to the Health Spending Account may be sent by regular mail or through the members portal online. Take advantage of the online portal and verify now the balance of your HSA under "My record".

#### Coordination of benefits

Coordination of benefits occurs when a claim involves more than one group insurance plan. All requests for reimbursement with a coordination of benefits require a copy of the claims summary issued by the other insurance carrier as well as copies of the receipts. As for dental care, we need to receive the following documents:

- The claims summary issued by the first insurance carrier;
- A copy the standard insurance claim form submitted to the first insurance carrier indicating the procedure codes;
- The AGA Dental claim form duly signed indicating whether the claim needs to be paid to you or your dentist.

### Delay to submit a claim for reimbursement

We kindly ask you to consult your insurance brochure in order to determine the delay allowed to submit claims following the end of a calendar year (January 1st to December 31st) or following the date the expenses were incurred. In the event of a change of insurer or a termination of the policy, the delay is generally of 90 days to submit a claim for reimbursement, with the exception of the Great-West Life for whom the delay is 15 months following the date of service, and Desjardins Financial Security for whom the delay is 12 months following the date of service.

### Medical recommendation

If according to the terms of your group plan the reimbursement of medical care requires a medical recommendation, please note that a medical recommendation is valid for a period of **12 months** following the issuing date and must indicate your **medical condition** (diagnosis).

### Original receipts



Please make sure you mail the original receipts with your request for reimbursement. We recommend you keep copies as the originals will not be sent back to you. In addition, all expenses you request reimbursement for must without exception be paid in full (no outstanding balance) and this needs to be clear on the receipt.

## Submit a request for reimbursement

You can submit your request for reimbursement by regular mail, or through the Members portal (in exception for drugs and dental care as well as out-of-province expenses). The health professional cannot submit a claim electronically. Moreover, requests for reimbursement sent by fax or email will be denied.

### Telus Assure

All requests for reimbursement relating to drugs or dental care cannot be sent online through the Members portal as they must be transmitted with the Assure identification number that is on your wallet-size card. **Telus Assure** is an electronic system that eliminates the burden of having to fill out and mail forms as well as the complications arising from forgetfulness or loss of invoices. In addition, this service guarantees a confidential process. You pay to the dentist or pharmacist the portion of the total amount charged that is not covered by your plan (deductible, co-payment, co-insurance portion, generic substitution). The pharmacist or dentist must use the **Assure identification number** on the wallet-size card:

<b>NOTICE</b> This card is valid as long as the participant is insured by virtue of the group policy. ** The insured and his dependents must hold a provincial health insurance card.  Administered by : AGA FINANCIAL GROUP INC. 3500 De Maisonneuve Blvd W., Suite 2200 WESTMOUNT QC H3Z 3C1 Tel.: (514) 935-5444 / 1 800 363-6217 FAX : (514) 935-1147 E-mail : service.client@aga.ca Members portal : <a href="https://adherents.aga.ca">https://adherents.aga.ca</a>	Group number <b>2337</b>  Certificate <b>MOINLU001</b> Health <b>Family</b> Travel insurance ** <b>Prospect</b>	Insured name <b>Moineau, Lucie</b> Hospitalization <b>semi-private</b> Dental <b>Couple</b> Contract <b>00000</b>	  <table border="1"><tr><td>Pharmacist</td><td>35 002337 0MOINLU001 01</td></tr><tr><td>Dentist</td><td>(AGA) 002337 0MOINLU001</td></tr></table> 	Pharmacist	35 002337 0MOINLU001 01	Dentist	(AGA) 002337 0MOINLU001
Pharmacist	35 002337 0MOINLU001 01						
Dentist	(AGA) 002337 0MOINLU001						

**35:** AGA carrier number  
**002337:** group number  
**0MOINLU001:** Telus assure certificate number has a **zero** ahead of the 6 letters and the three numbers.  
**01:** issue number

If the transmission is not successful, the health professional needs to make sure in the first place that he uses the correct date of birth of the claiming member, the correct relationship (with the primary insured) code and the right Assure identification number (see above).

If dental care is due to an **accident**, it is important to mention it to your dentist as these expenses must be processed under the "Dental Accident" benefit (if provided under your plan)

Moreover, eligible **medication** may require a pre-authorization or an authorization on a regular basis in order to be payable.

## Online claim submission

Claiming online is fast and easy!

AGA BENEFIT SOLUTIONS

CONTACT US FRANÇAIS

GUIDED TOUR OF THE MEMBERS PORTAL >>>

My Record  
Certificate: FAUCPA001

SUBMIT CLAIMS SUBMITTED CLAIMS PROCESSED CLAIMS FORMS PRESS RELEASES

### LATEST PROCESSED CLAIMS

Click on the arrow to see the details of the request.

April 1, 2016	Click here to see more details	>	Request or confirmation	▼
August 31, 2015	Click here to see more details	>	Audit request	▼
September 25, 2014	Amount submitted : \$0.00	>	Amount paid : \$0.00	Payment \$0 ▼
September 24, 2014	Amount submitted : \$160.00	>	Amount paid : \$128.00	Direct deposit ▼
September 19, 2014	Amount submitted : \$47.93	>	Amount paid : \$30.34	Telus/Assure card ▼

See all your processed claims >

SUBMIT CLAIMS

WALLET CARD

ARE YOU A GOOD CONSUMER WHEN IT COMES TO MEDICATION? Watch the video

SAVE MONEY ON YOUR DRUGS! CLICK TO COMPARE PRICES ONLINE! COMPARE NOW

© AGA Financial Group. All rights reserved.

In order to get useful information about the online claim submission process, we invite you to watch our explanatory online **video** on our website [www.aga.ca](http://www.aga.ca).

Once you have reached the homepage of the website, in the Quick links section please select “Member” and “Discover the portal (virtual guide)”.

Bringing innovation and passion to our clients

We always seek to do more for each client!

Learn more >

Quick links

Member ▼

Discover the portal (virtual guide) ▼

Continue

## Request by mail

Please fill out the Request for reimbursement slip you can detach off your certificate, and enclose the **original receipts**:

1

### REQUEST FOR REIMBURSEMENT

Group number  
**2337**

Change of address  
Address \_\_\_\_\_  
City \_\_\_\_\_  
Province \_\_\_\_\_ Postal code \_\_\_\_\_

**MS LUCIE MOINEAU**  
**1234, RUE DES OISEAUX**  
**OISEAUVILLE QC J8J 8J8**

**IMPORTANT**  
Complete this coupon and attach to your receipts.  
Send original receipts only (or originals marked "copy 1").  
Receipts will not be returned.  
AGA Financial Group Inc.  
3500 De Maisonneuve Blvd W., suite 2200, WESTMOUNT QC H3Z 3C1

Insured number  
**MOINLU001**

800 / 1

Insured : **Lucie Moineau** **F** **1980.01.01**  
Spouse : **Luc Moineau** **M** **1970.01.01**  
Child(ren) : \_\_\_\_\_

Dependents insured with another group plan? No ☐ Yes ☐  
Expenses due to a work related accident? No ☐ Yes ☐

Submit expenses not covered to my Health Spending Account/Cost-Plus? No ☐ Yes ☐  
Submit any amount not reimbursed to my Health Spending Account/Cost-Plus? No ☐ Yes ☐

☐ **YES**, I would like to receive my claims reimbursements directly into my bank account.  
**You must attach a "VOID" cheque.**

I authorize health professionals or organisms concerned to communicate, with AGA Financial Group Inc. or the insurer, any information relating to the present request for reimbursement.

Employee's signature \_\_\_\_\_ Date \_\_\_\_\_

2

4

5

- 1 Tick off the name of the claiming member
- 2 Answer all 5 questions.
- 3 Write down your new address if it has changed.
- 4 If you have not yet registered to direct deposit, you can do so by ticking off the appropriate box (and enclose a void cheque).
- 5 Sign in the designated space.

If you no longer have the slip, you can also use the Insurance claim form (Health or Dental) available online on our website.

To confirm a dependent child **full time student status** or else a **coordination of benefits**, please fill out the back of the "Request for reimbursement":

À REMPLIR SI VOS PERSONNES À CHARGE SONT ASSURÉES PAR UN AUTRE RÉGIME D'ASSURANCE		TO COMPLETE IF YOUR DEPENDENTS ARE COVERED UNDER ANOTHER GROUP INSURANCE PLAN	
Nom(s) des personne(s) à charge assurée(s) : _____ Date de mise en vigueur de la protection : _____ Protections : <input type="checkbox"/> Soins de santé → <input type="checkbox"/> Soins dentaires → <input type="checkbox"/> Soins de santé → <input type="checkbox"/> Soins dentaires → <input type="checkbox"/> Individuelle <input type="checkbox"/> Familiale <input type="checkbox"/> Monoparentale <input type="checkbox"/> Couple <input type="checkbox"/> Individuelle <input type="checkbox"/> Familiale <input type="checkbox"/> Monoparentale <input type="checkbox"/> Couple Si s'agit d'un enfant, veuillez indiquer les détails suivants : <input type="checkbox"/> Protection par le régime du conjoint actuel <input type="checkbox"/> Protection par le régime d'une institution scolaire → <input type="checkbox"/> incluant médicaments <input type="checkbox"/> excluant médicaments <b>Si les parents sont séparés, divorcés ou ne vivent pas conjointement :</b> <input type="checkbox"/> Protection par le régime de l'autre parent <input type="checkbox"/> Protection par le régime du conjoint de l'autre parent <input type="checkbox"/> Protection par le régime de l'autre parent et du conjoint de l'autre parent Avez-vous une garde exclusive ? <input type="checkbox"/> ou l'autre parent a-t-il une garde exclusive ? <input type="checkbox"/> ou avez-vous une garde partagée ? <input type="checkbox"/> Si vous avez une garde partagée, veuillez inscrire la date de naissance de l'autre parent (AAAA/MM/JJ) : _____	Dependents name(s) : _____ Effective date of coverage : _____ Coverage: <input type="checkbox"/> Health care → <input type="checkbox"/> Single <input type="checkbox"/> Family <input type="checkbox"/> Single parent <input type="checkbox"/> Couple <input type="checkbox"/> Dental care <input type="checkbox"/> Single <input type="checkbox"/> Family <input type="checkbox"/> Single parent <input type="checkbox"/> Couple If this is a child, please complete the following details: <input type="checkbox"/> Coverage by the plan of current spouse <input type="checkbox"/> Coverage by the plan of an educational institution → <input type="checkbox"/> including drug coverage <input type="checkbox"/> excluding drug coverage <b>If the parents are separated, divorced or not living together:</b> <input type="checkbox"/> Coverage by the plan of the other parent <input type="checkbox"/> Coverage by the plan of the spouse of the other parent <input type="checkbox"/> Coverage by the plan of the other parent and the spouse of the other parent Are you the sole custodial parent? <input type="checkbox"/> or does the other parent have sole custody? <input type="checkbox"/> or do you have shared custody? <input type="checkbox"/> If you share custody, please indicate the other parent's date of birth: (YYYY/MM/DD): _____		
<b>CONFIRMATION DE STATUT ÉTUDIANT</b> <b>(pour votre enfant à charge célibataire de 21 ans et plus, aux études à temps plein)</b> Nom de l'enfant (doit être célibataire) : _____ Date de naissance : _____ Nom de l'institution scolaire fréquentée : _____ <input type="checkbox"/> Étudiant à temps plein <input type="checkbox"/> Étudiant à temps partiel Session : <input type="checkbox"/> Automne (septembre) <input type="checkbox"/> Hiver (janvier)	<b>CONFIRMATION OF STUDENT STATUS</b> <b>(for your dependent child aged 21 or more, single and full-time student)</b> Name of the child (child has to be single) : _____ Date of birth : _____ Name of the school, college or university : _____ <input type="checkbox"/> Full-time student <input type="checkbox"/> Part-time student Semester : <input type="checkbox"/> Autumn (September) <input type="checkbox"/> Winter (January)		

If you submit several claims at once, all receipts may be sent in the same envelope with only one Request for reimbursement slip for all claims.

## Response to your request of reimbursement

### Processing delays

Requests sent by mail are processed within a delay of 5 business days following mail delivery in our office. The delay may vary depending on the volume of claims received and the time of year. Requests submitted through the Members portal are processed within **48 business hours**.

### Claims summary

Following processing of your claim, a paper claims summary will be issued unless you are registered to direct deposit of payments in which case the claims summary will be deposited in your members portal under « Latest processed claims » within 48 hours following the online submission. An email will be sent out to advise you that a claim summaries has been issued. Please note that all claim summaries relating to a **payment issued to a third-party** such as a hospital or dental office will be deposited in the portal even though you are not registered to direct deposit.

You can not only consult but also **download your claims summary** online at any time, with the exception of drugs purchased using the Telus Assure direct payment service for which you need to keep the receipt issued by the pharmacy.

If no claim summary is issued in your members portal following an online claim submission, you need to consult the section “Latest processed claims”:

LATEST PROCESSED CLAIMS				
Click on the arrow to see the details of the request.				
April 1, 2016	Click here to see more details	>	Request or confirmation	▼
August 31, 2015	Click here to see more details	>	Audit request	▼

Indeed your claim may have been randomly selected for audit and in order to proceed with the verification, additional information or the original receipts will be required. You will receive an email to notify you that a document (or form) has been deposited in the section “Latest processed claims” and identified “**Audit request**”. It is very important you send in the information or original receipts requested along with a copy of this document or form deposited in your portal (or to write the confirmation number of the request in audit on the Request for reimbursement slip or any other document attached to the Request of reimbursement), so your claim can be prioritised and processed as soon as it is received. If however the requested documents are not received by AGA within the 30 day delay, your right to claim online will be temporarily suspended. Should you not follow up on our request, your right to submit online may be revoked indefinitely.

If no claim summaries nor document or form have been issued in the section “Latest processed claims”, please contact our customer service by phone or email at [service.client@aga.ca](mailto:service.client@aga.ca).

For tax deduction purposes, a file named “**Yearly summary**” will be deposited in the online members portal at the beginning of January under the section “Latest processed claims” and will list by type of expense the total amounts claimed over the previous year which will allow you to easily calculate the portion of medical fees that was not reimbursed.

## Claims summary overview

CLAIMS SUMMARY		Administered by : AGA FINANCIAL GROUP INC. 3500 De Maisonneuve Blvd W., Suite 2200 WESTMOUNT QC H3Z 3C1 Tel.: (514) 935-5444 / 1 800 363-6217 Members portal: <a href="https://adherents.gfaga.com">https://adherents.gfaga.com</a>					
Group no. :	1234	Division name :	DEFG INC				
Insured no. :	ABCDEF001	Insured name :	Effel ABCD				
Description of service	Amount submitted	Amount payable	Deductible	Co-ins. %	Amount paid	*	
Lea : spouse 2015-12-20 Chiroprapist (Podiatrist)	100.00	0.00	0.00	0.0	0.00	001	
TOTAL	100.00	0.00	0.00		0.00		

Page 1

\* Notes

001 You are not covered for chiroprapist (podiatrist) expenses.

The amount of the reimbursement is less than you expected? It is important you read the **notes** indicated at the bottom of the claims summary. If you have any questions, do not hesitate to write to or phone our customer service.

## Cheque not received

In the event your reimbursement cheque is late, please note that we reissue cheques generally after a delay of at least 10 business days following the issuing date, considering Canada Post delays may sometimes be longer than usual.

## Additional information about your benefits

### Travel insurance

Your health benefits cover eligible medical expenses incurred in the event of an emergency out of the province of residence. A 24/7 travel assistance service is available to you and your dependents.

It is essential that you bring along your travel assistance card. The size of the card varies depending on your insurance carrier: brochure, laminated card or sticker on the back of your AGA card. The travel assistance card can also be downloaded **online**, in the wallet-size card section:

WALLET CARD

PRINT CARDS

Notice

This card is valid as long as the participant is insured by virtue of the group policy.

Administered by:

AGA FINANCIAL GROUP INC.  
3500 WEST DE MAISONNEUVE BLVD  
SUITE 2200  
WESTMOUNT QC H3Z 3C1  
TEL: (514) 935-5444 / 1 800 363-6217  
FAX: (514) 935-1147  
E-mail: service.client@aga.ca  
WEB: http://www.aga.ca

Group Number

1850

Certificate

FAUCPA001

Insured Name

Faucon, Paul

Health

Single parent

Hospitalization

Semi-Private

Dental

Single parent

Travel insurance

Assumption Life AGAFLEX

Contract

12842

Pharmacist

35 001850 0FAUCPA001 01

Dentist

(AGA) 001850 0FAUCPA001

TELUS  
BSS LIFE

Please take note that your Assure number is composed of a 0 (zero) followed by 6 letters and 3 digits.

DOWNLOAD TRAVEL INSURANCE CARD

If you need to call the travel assistance during your stay abroad, you will have to specify your group number and the primary insured's name, and mention that your group is administered by AGA Benefit Solutions.

Moreover, it is important to know that the majority of insurance carriers have a clause within the contract that forces the plan member to contact the travel assistance service as soon as an injury, illness or accident occurs. You will at the same time obtain a pre-authorization from the travel assistance before you engage any health expenses. If you fail to meet this requirement, you could have the reimbursement of some expenses reduced or denied.



Did you know that the length of your stay must not exceed the limit of coverage provided under your plan, or else that a period of stability is required before departure for any health issues?

**To answer any questions you have before departure, please contact the AGA customer service and not the insurer.**

## Laboratory tests

Laboratory fees, if provided under your group plan, are generally eligible for reimbursement if they are administered upon recommendation of your treating physician and with the purpose of determining a **diagnosis**.

## Podiatric orthosis and orthopaedic shoes

Some group plans only cover custom-made orthopaedic shoes, in other words specifically made for one single person using a casting technique. When claiming such item, a medical recommendation must be provided, including the diagnosis, and the receipt will have to specify that the shoes are custom-made. Additional information may be required. Other group plans may also cover stock-item orthopaedic shoes (and/or in-depth shoes). It is important to note that for these to be eligible, these shoes often must have sustained permanent alterations in order to alleviate the deformities of the foot. A list of the alterations performed on the stock-item or in-depth shoe may be required. In addition all shoes must be manufactured and delivered by laboratories holding a valid permit under the Public Health Protection Act.

In regards to podiatric orthosis, please note that additional information will be required such as copy of the biomechanical evaluation and gait analysis as well as description of the casting technique and materials used. Please contact our customer service agents for more details.

## Reimbursement request

If you are requested to refund a reimbursement, due for example to expenses incurred after the termination date of your insurance and you were reimbursed for, please note that a cheque in the amount requested and made payable to AGA Financial Group "In trust" will have to be mailed to us in a timely manner.

It is also possible to send in your reimbursement by **Interac transfert**. If you choose to do so, the answer to the security question you will be asked to pick must be "Orange".

## Ultrasound

Although your group plan may include reimbursements for ultrasounds, please note that certain types may not be covered such as those prescribed in the event of pregnancy, or those rendered by radiologists in Quebec. Please contact our customer service agents for more details.

## Exclusions

Some services and furnitures are not eligible for reimbursement such as medical care of cosmetic nature or else that were not administered with the purpose of treating an illness or a medical condition.

Acting as the administrator of your group plan, our purpose is to make sure of the relevance and eligibility of all claims, and this is why additional information may be requested.

## Usual and reasonable fees

Please note that only fees deemed usual and reasonable considering the type of health care claimed will be reimbursed. It is then possible that the payable amount of your claim is less than the amount submitted.

## Doctors fees

The fees of health professionals that may be charged in order to obtain medical information related to a request for reimbursement (or a request for disability benefits) are not reimbursable, unless stated otherwise in your insurance brochure.

## Pre-authorization

If the global cost of the health or dental care is over **\$500**, it is strongly recommended to submit a detailed pre-authorization before you begin the treatment, including the type of service to be administered, the schedule dates and the amounts charged for each service.

The pre-authorization may be sent in by email at [service.client@aga.ca](mailto:service.client@aga.ca) or by fax. Please make sure you have answered all questions on the Standard insurance claim form or the Request for reimbursement slip to be enclosed with the pre-authorization.

### Get a faster response to your pre-authorization!

Ask your dentist to submit the pre-authorization electronically using the identification number on your Telus assure card.

If you refrain from providing in advance a pre-authorization including an estimation of the expenses and fees, you may get a reimbursement that is less than what you expect, or else, if the services are not eligible for reimbursement, you may have to pay the entire amount.

You will be notified of the services eligibility according to the provisions of your plan. The results of the pre-authorization will be valid for up to **6 months** (unless a change of insurer occurs).

## Proof of payment

We may ask you to provide a proof of payment, in other words proof that the transaction did occur, to ensure the amount claimed was fully paid, and this is the reason why we suggest you use a mean of payment other than cash, so you are able to provide upon request a valid proof of payment such as a credit or debit card receipt or, in the case of a payment by cheque, a bank statement indicating the name of the professional to whom the cheque was issued.

## Health professionals services

In regards to services rendered by health professionals such as a massage therapist for example, it is essential you provide a receipt on which are indicated the therapist's complete details including his/her full name, the name of his/her association, his/her permit number, the address of the clinic or place where he/she practises and details of the service rendered.

In addition, the insurers require the health professional to be a valid member of an association recognized either by the government or according to their own criteria. A therapist claiming membership of an association does not necessarily mean his or her services are eligible for reimbursement. We then recommend you get information from the therapist beforehand in order to determine whether he or she is a valid member of an association recognized by your insurer, and avoid having your reimbursement denied.

## Generic substitution

Generic substitution means the cost of generic medication will be payable to the plan member even when the member decides to purchase the original medication. It is important to note that generic medication is chemically identical to original medication. Buying generic medication instead of brand names allows savings for all parties without jeopardizing the efficiency of the treatment. Moreover your pharmacist does have the ability to substitute generic drugs. **Generic substitution, can you afford to do without?** Talk to your pharmacist about it.

## Ambulance fees

In order to claim any expense related to ambulance transport, make sure you send in the "*Transport declaration*" issued by the ambulance services indicating clearly the date of service, the mileage, the name of the member who used the service, the cost of the service, the pick-up and drop-off location. Please note the reimbursement will be in the name of the primary insured.

## Claims verification

As the administrator of your group plan, we have the right to verify the accuracy of the information you have provided in regards to your request of reimbursement. Please submit upon request original receipts and all supporting documentation to the request for reimbursement within 30 days following the date these documents were requested.

In regards to online claims, during that time, your ability to submit claims online will be temporarily suspended. Failing to send in the information requested or the original receipts within 30 days following the date the information was requested, your request for reimbursement will be denied and your ability to submit claims online may be revoked after which all claims will have to be submitted by post using paper health claim forms.

## Disability insurance

Under the short and long term disability coverage, a disability benefit may be paid to the member who becomes totally disabled and unable to perform the duties of his/her occupation. Please consult your insurance brochure for more details. It is important to note that claiming disability benefits does not necessarily mean disability benefits will be paid. Your claim will have to be assessed and the results of the process will determine your eligibility to a payment.

### Submitting a request

All disability insurance claims (short and long term) include a statement from the insured and the employer as well as a doctor report, and must be sent by email (with the exception of Humana and Blue Cross for whom original documents are required) to [disability@aga.ca](mailto:disability@aga.ca), and not directly to the insurer.

All forms, including the ones of the insurers, are available on our website [www.aga.ca](http://www.aga.ca). Forms issued by AGA must be used only if the disability insurance is self-insured.

When claiming long term disability, please note that specific documents must be provided in addition to duly completed claim forms. Please consult our website for more details.

It is **mandatory** for your treating physician to fill out the doctor report. Initial disability insurance claims cannot be assessed with a sole doctor's certificate. We recommend you keep a copy of all documents submitted under your disability claim file.

### Long term disability

If you are not covered under the short term disability insurance, you will generally have to apply to Employment Insurance Sickness Benefits.

You will be eligible to long term disability following the waiting period provided under your plan. We recommend you send in your long term disability claim within 4 to 6 weeks before the end of the waiting period.

### Response to your request

All claims are processed **by the insurer**, except in the case of short-term disability and self-insured benefits. Since processing delays vary from one insurer to the other and depending on the time of the year, it is not possible to provide precise processing delays. However you will be notified in writing of the decision of the insurer. When a follow-up is needed, we invite you to contact our customer service or the insurer directly.