



This document addresses frequently asked questions about Blanket Student Accident Insurance claims.

MEDICAL INJURY CLAIMS

- The Blanket Student Accident Insurance Standard Claim form must be completed in full in order to process your claim. Please be sure to include the **Attending Physician's Statement** section which must be completed by the attending physician (MD) who first saw the insured within 30 days of the injury. Chiropractors, Physiotherapists, Registered Nurses, or any other service providers are **not eligible** to complete the form.
- In the event that the insured was initially seen in a hospital, a copy of the *Hospital Discharge Report* may be submitted instead of the Attending Physician's Statement.
- If your policy provides **Physiotherapy coverage**, claims for these items must be accompanied by the original receipts and the written referral from the attending physician recommending physiotherapy treatment.
- If your policy provides coverage for **Brace expenses**, claims for these items must be accompanied by the original receipts and the written referral from the attending physician indicating that the brace is required for therapeutic or curative purposes only.

DENTAL INJURY CLAIMS

- The Blanket Student Accident Insurance Standard Claim form must be completed in full in order to process your claim. If claiming for dental injury, please be sure that both the **Part 1 & Part 2 Dentist** sections on Page 2 of the claim form are completed by the attending dentist who saw the insured within 60 days of the injury.
- If you have more than one insurance carrier, please note that we require a detailed *Explanation of Benefits* from your primary carrier along with the completed claim form including the specific dental procedure and tooth codes.

IMPORTANT

- The Blanket Student Accident Insurance Standard Claim form must be filed with Industrial-Alliance *Pacific* Life Insurance Company ("IAP") within 90 days of the date of the injury, regardless of whether expenses have been incurred. Attach only original receipts for all eligible expenses being claimed.
- Please note that it is the responsibility of the parent to obtain and forward the completed claim form as indicated. Any charge incurred for its completion is also the responsibility of the parent.
- If you have more than one insurance carrier, benefits are coordinated. Please submit your expenses to your other insurance company first. Once you have received a copy of the explanation of benefits, please forward to IAP with copies of expenses.
- Please note: In providing this claim form for the convenience of the claimant, IAP does not admit any liability or waive any of the terms and conditions of the policy. Provision of this claim form does not indicate coverage. Only eligible claims will be paid.
- If you have any questions regarding coverage, your claim or require additional information, please contact our office at 1-800-556-7411 for instructions and information.

Return completed claim form to:

Industrial-Alliance *Pacific* Life Insurance Company
Claims Department, 2165 Broadway W, PO Box 5900, Vancouver, BC, V6B 5H6
Tel: 1-800-556-7411
www.iaplifec.com