

CLAIM AUTHORIZATION FORM

Member Name _____

Member ID _____

Telephone number _____

Health Provider Name *Health and Counselling Services, Carleton University*

I certify that the statements in my claims are true and complete. I understand that the insurer may investigate my claims.

I authorize the insurer, its agents, and service providers to use and exchange information needed for underwriting, administration and adjudicating claims, and with the plan administrator, for the purposes of claims management and intervention as appropriate on my behalf, under this insurance coverage with any person or organization who has relevant information about me including health professionals, government agencies, provincial health care plan, institutions, investigative agencies, insurers, and reinsurers. I understand that for audits and administrative reporting, the plan sponsor or administrator of this insurance coverage may have access to statistical and financial information without any personal identifiers.

I authorize the insurer and its medical consultants to exchange information about me with my health professional(s) for the purpose of claims management and intervention as appropriate on my behalf.

Insurance fraud is a crime. According to the Criminal Code of Canada, anyone who defrauds an insurance company can be found guilty of a criminal offence. Submission of false information in connection with this claim, therefore, may constitute a crime. In the event of insurance fraud, the insurer shall pursue all appropriate legal action, including criminal prosecution.

I hereby assign my benefits payable for claims under the plan to be named health provider and authorize the insurer to remit payments directly to such provider.

I agree that a photocopy or electronic version of this authorization is as valid as the original and shall continue to have effect until revoked by me.

Member Signature _____

Date _____



Sun Life Assurance Company of Canada, the insurer, is a member of the Sun Life Financial group of companies