claimsecure
when precision matters

# Enrolment Form

www.claimsecure.com

## Plan Sponsor Information

| Employer/Company Name | | | |
|---|---|---|---|
| | | | |
| Group No. | Division No. | Unit No. | Certificate No. |
| | | | |
| Action Code | | | Effective Date of Action (dd/mm/yy) |
| Add ☐ | Change ☐ | Delete ☐ | |

## Plan Member Information

| Surname | | First Name | | |
|---|---|---|---|---|
| | | | | |
| Address | | City or Town | Province | Postal Code |
| | | | | |
| Date of Birth (dd/mm/yy) | Date of Hire (dd/mm/yy) | Sex Assigned at Birth | | Language |
| | | Male ☐ Female ☐ Other ☐ | | English ☐ French ☐ |

## Dependant Information

| Surname | First Name | Date of Birth (dd/mm/yy) | Relationship to Member | Effective Date of Change (dd/mm/yy) | Action Code Add/Change/ Delete | Sex Assigned at Birth |
|---|---|---|---|---|---|---|
| | | | | | | Female ☐ Male ☐ Other ☐ |
| | | | | | | Female ☐ Male ☐ Other ☐ |
| | | | | | | Female ☐ Male ☐ Other ☐ |
| | | | | | | Female ☐ Male ☐ Other ☐ |
| | | | | | | Female ☐ Male ☐ Other ☐ |
| | | | | | | Female ☐ Male ☐ Other ☐ |
| | | | | | | Female ☐ Male ☐ Other ☐ |

Note: Relationship to member: Spouse, Child, Disable or Over-Age Dependant (If Over-Age Dependant complete below)

## Over-Age Dependant Information (OAD)

| Surname | First Name | Date of Birth (dd/mm/yy) | School Start Date | School End Date | School Name (Optional) |
|---|---|---|---|---|---|
| | | | | **August 31/ ____** | |
| | | | | **August 31/ ____** | |

Note: Coverage for an over-age-dependant terminates on August 31st of each year. If the over-age-dependant re-enrolls the next school year, the plan member must re-apply for coverage

## Benefit Coverage Information

| **Member Coverage Status** | | | | | | **Spousal Coordination of Benefit Status** | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Health | | | Dental | | | Health | | | Dental | | |
| Family ☐ | Single ☐ | Waived ☐ | Family ☐ | Single ☐ | Waived ☐ | Family ☐ | Single ☐ | Waived ☐ | Family ☐ | Single ☐ | Waived ☐ |
| For **Quebec** residents aged 65 or over, select the senior ID code:<br>**Member:** RAMQ ☐ Both ☐ Private ☐ / **Spouse:** RAMQ ☐ Both ☐ Private ☐ | | | | | | | | | | | |

**PRIVACY CONSENT**

**Protecting your personal information:**
At ClaimSecure, we're committed to protecting personal information and respecting your privacy. Personal information is information that either on its own or combined with other information allows an individual to be identified. This includes your name and address, as well as more sensitive information such as your health and financial records. When applicable, this includes information about other people such as your spouse, common-law partner, and children.

**How we use your personal information:**
Your personal information is used to provide you with products and services and to improve our business operations. This includes verifying your identity, maintaining your profile, and informing you about features of the products you already have with us. It's also used to evaluate your eligibility for products, price our products collect feedback on our customer service, process claims, protect you and us from risks such as cyber threats and fraud, and comply with legal obligations. Your certificate number is used to link your products together and to keep your information separate from other customers with similar names.

**Who we share personal information with:**
We share your personal information with other people and organizations who help us administer your products and provide you with services. This may include your advisor or people who work with your advisor, and other organizations that provide us services such as paramedical examiners, medical laboratories, specialty coverage providers, independent medical examiners, and pharmacies. As well, we may share your information with travel assistance providers, technology suppliers, and insurance or reinsurance companies. As part of our day-to-day business, your personal information may be communicated to government departments and agencies and may be communicated outside your province of residence. We

take protecting your personal information seriously and we'll never sell your personal information to anyone.

**You're in control of your personal information:**
We respect your privacy preferences and follow them when using your personal information. At any point in your relationship with us, you can choose how your personal information is used by submitting a request to our Privacy Office at privacy@claimsecure.com. This includes choosing whether you receive customer experience surveys, and whether you want to receive information and offers from ClaimSecure using the personal information we collect from you throughout your relationship with us. You can also exercise other privacy rights, such as access to or correction of your personal information, by emailing our Privacy Office at privacy@claimsecure.com.

If you choose to remove your consent to the collection, use and disclosure of the personal information required to serve you and meet our legal obligations, we may not be able to continue to provide you with products and services.

ClaimSecure uses personal information when making decisions related to products and services. These decisions may be made using automated processing.

Want to learn more? Please visit https://www.claimsecure.com/privacy-policy/.

## AUTHORIZATION AND DECLARATIONS

I hereby:

1. Authorize ClaimSecure, any healthcare provider, my plan administrator, any insurance or reinsurance company, administrators of government benefits or patient support programs or other benefits programs, other organizations, or service providers working with ClaimSecure or any of the foregoing, located inside or outside Canada, to exchange personal information when relevant and necessary for the adjudication of my claim(s).
2. Acknowledge that my personal information will be collected, used, and shared as set out above; and that refusing to consent may result in delay or denial of my request or ClaimSecure not being able to continue to provide me with products and services.
3. Confirm that I am authorized to act on behalf of myself, my spouse and/or dependants when applying for coverage, or for purposes of the ongoing administration of my health and dental benefit plan.
4. Confirm that the information given is true, correct, and complete to the best of my knowledge.

**Plan Member Authorization**

| Signature of Plan Member | Print Name | Date signed (dd/mm/yy) |
|---|---|---|
| | | |

**Plan Sponsor Authorization**

| Signature of Plan Administrator | Print Name | Date signed (dd/mm/yy) |
|---|---|---|
| | | |

**Please complete form and send to:**

**E-mail:** eligibilityupdates@claimsecure.com
**Fax:** 1-705-673-5968
**Or mail:** CLAIMSECURE INC. PO BOX 6500 STN A SUDBURY ON P3A 5N5
**Phone:** 1-888-513-4464

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