INDUSTRIAL ALLIANCE PACIFIC

IAP KIDS PLUS™ CLAIMS INFORMATION SHEET

This document addresses frequently asked questions about IAP Kids Plus™ Accident Insurance claims.

MEDICAL INJURY CLAIMS

- The IAP Kids Plus[™] 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 <u>30 days</u> of the injury. Chiropractors, Physiotherapists, Registered Nurses, or any other service providers are <u>not eligible</u> 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.
- Claims for **Physiotherapy expenses** must be accompanied by the original receipts and the written <u>referral</u> from the attending physician recommending physiotherapy treatment.
- Claims for **Brace expenses** must be accompanied by the original receipts and the written <u>referral</u> from the attending physician indicating that the brace is required for therapeutic or curative purposes only.

DENTAL INJURY CLAIMS

- The IAP Kids Plus[™] 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 IAP Kids PlusTM 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.iapkidsplus.com



IAP Kids Plus™ Accident Insurance Standard Claim Form

Please	II Us About Yourself
Name of Parent or Legal Guardian (please print)	Insured's Last Name First Name Initial
Mailing Address Street City Province Postal Code	Date of Birth Male
Telephone No: (home) (business) AREA CODE AREA CODE	Grade/Year Policy No: Or School Board No.: 0 1 1 2 0 1 2 1 1 1 5
	Us About the Accident
Date of Accident	On what date was the Physician or Dentist first consulted for this injury
How did the accident happen? (Please provide a detailed expla	Are any other hospital and medical or dental insurance benefits available?
Company ("IAP") and ACKNOWLEDGE that this information will any health care provider, insurance company, school or school information, information regarding charges, or other informatios. I AUTHORIZE IAP to exchange the information detailed in this with any of the parties identified in the previous paragraph for	rmation contained in this Claim Form to Industrial-Alliance Pacific Life Insurance sed to assess, process and administer this claim and policy coverage. I AUTHORIZE and, employer, or other person or other organization to disclose to IAP any medica hich IAP may need in their assessment of this claim. Important and other information contained in files related to this claim or coverage purposes listed above, or as authorized by me, or as legally required. Signature of Parent or Legal Guardian or Insured
The same of the sa	ompleted in Full and Signed by the Attending Physician)
Describe condition:	due to: Accident ☐ or Illness ☐
Date of onset of symptoms or injury:	Did any disease or previous injury contribute to loss? ☐ No ☐ Ye
If Yes, describe:	
First date treated for this condition Da	of surgery Was Claimant hospitalized? ☐ No ☐ Ye Date Admitted
Hospital Address	Date Discharged
Date:	(DD/MMM/YYYY)
D D / M M M / YYYY NAME OF	Signature of Attending Physician (M.D.) See Return To:

Industrial-Alliance *Pacific* Life Insurance Company, Claims Department, 2165 Broadway W, P0 Box 5900, Vancouver, BC V6B 5H6 1-800-556-7411

Important: Completed claim form must be filed with Industrial-Alliance *Pacific* Life Insurance Company ("IAP") within 90 days after the date of the injury, and in no event later than 1 year, regardless of whether expenses have been incurred. Please attach original receipts for all eligible expenses being claimed. It is the entire responsibility of the parent to obtain and forward the completed claim form as indicated, and for any charge made for its completion.

Medical Injury Claims: The physician must complete the Attending Physician's (M.D.) Statement in order to process the claim. If claim involves physiotherapy or massage therapy expenses a copy of the Physician's referral for the therapy must accompany the completed claim form with receipts.

Dental Injury Claims: The reverse side of this form must be completed and signed by the dentist in order to process the claim.



IAP Kids Plus™ Accident Insurance **Standard Dental Form**

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