

Critical illness benefits claiming guide

One in three Canadians will suffer a serious medical condition during their life.

Thankfully, modern medical advances allow many individuals to survive life-threatening conditions. However, a massive heart attack, a severe stroke or a debilitating form of cancer are among the critical illnesses that can drain your financial resources.

Life-changing experience

Although an individual may survive a critical illness and continue to live a productive and rewarding life, the experience presents significant physical, emotional and financial challenges that often persist beyond the point of physical recovery.

An employee and their family could face huge costs including

- prescription drugs that are not covered by Special Authorization,
- out-of-province treatment,
- alternative treatment, and
- nursing or home care.

Restore financial security

Alberta Blue Cross's group critical illness benefits help restore financial security for employees and their families. If you, or your spouse or child, suffer a covered critical illness and meet the survival period requirement, you can be entitled to receive a lump sum benefit. This one-time payment can be used in any way and there is no restriction on how the money is spent.

For example, you could choose to use the money to

- pay for the costs of bringing home friends or family members at the time their support is badly needed,
- pay off outstanding debts,
- help with home renovations required to accommodate new physical limitations, or
- explore other treatment options.

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The benefits

Critical illness benefits complement your existing benefit plan because they do what life and disability coverage can't—provide you with financial protection from the impact of unexpected events and put cash in hand for the extra expenses associated with a critical medical condition.

Claim forms

The following forms are required to claim for critical illness benefits:

1. Application Form for Critical Illness Benefit
2. Attending Physician's Statement of Critical Illness Benefit

The forms have specific sections that must be completed by you, a treating physician and your benefits administrator.

Application for Critical Illness Benefit Form

This form has two major sections. The first section is the Employer Statement, which must be completed by your group benefits administrator or Human Resources representative.

The second section is the Claimant Statement, which you must fill out. This section provides more details about the critical illness including the names and contact information of your treatment providers. The form also has an Acknowledgement and Consent portion that you must sign to authorize Alberta Blue Cross to communicate directly with the treatment providers so they can release medical information to us to support your claim.

Attending Physician's Statement of Critical Illness Benefit Form

The treating physician must complete this form.

This form has two major sections. The first section is the Patient's Identification and Acknowledgment and Consent, which you must fill out and sign. You must also have a witness sign the form.

The second section is the Attending Physician's Statement, which the treating physician must complete and provide specific details in, such as primary and secondary diagnoses, symptoms, additional conditions and complications and treatment information. We strongly encourage that you follow up with the treating physician to ensure that all sections of the form are completed and supporting documents are attached to avoid any delay in the processing of your application.

The claim submission process

Critical illness claim application forms can be obtained through your employer or directly from Alberta Blue Cross's web site at www.ab.bluecross.ca. We accept submission of claim applications by mail, fax and email.

Mail

Alberta Blue Cross
c/o Life and Disability Services
10009 108 Street NW
Edmonton, AB T5J 3C5

Fax

780-498-5991 or
780-441-2605 (RightFax)

Email

LifeandDisabilityClaimsInquiries@
ab.bluecross.ca

Assessment of critical illness applications

Once we receive your claim application, a life claims specialist will assess and review your critical illness application to determine your eligibility for benefits based on the provisions of your group plan. In case of missing information, the life claims specialist will call you to discuss your claim, applicable policy provisions and, if necessary, will request medical information from the treating physician to clarify the critical illness condition.

There are specific qualifying diagnoses and degrees or levels of medical impairment by a critical illness for benefits to become payable. You may refer to your employee benefits booklet for more information about medical conditions covered by your group plan.

Because critical illness is defined as a Living Benefit, you or your insured dependants must survive the waiting period as indicated in your employee benefits booklet in order for the benefit to become payable.

The standard turnaround time for a critical illness assessment is between five and seven work days provided that all the necessary information is submitted. Both you and your employer will be notified in writing once your

claim is approved. Payment of critical illness benefits is issued to you within three working days once your application is approved. Critical illness benefits payable on behalf of your insured dependant will also be paid directly to you.

If your claim is declined, you will be provided with an explanation for the decline and offered an opportunity to appeal. Critical illness benefits are not payable as a result of any pre-existing conditions. A pre-existing condition occurs when, during the 24 months immediately prior to the effective date of critical illness coverage, an insured employee or dependant has been prescribed medications or has received medical treatment, consultation, care or services by a physician—including diagnostic measures for any symptom or medical problem—that leads to the diagnosis of, or treatment for, the critical illness.

In the event of any variation, the policy issued to your employer underwritten by Blue Cross Life Insurance Company of Canada is the governing document and will prevail.

Benefits are underwritten by Blue Cross Life Insurance Company of Canada®

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