# Online submission guide for disability claims

You can conveniently and securely submit disability claims from any device<sup>\*</sup> through our member site. This guide is designed to help you through the simple and streamlined online claims submission process.

## SIGN INTO MEMBER SITE

Sign into the member site and click "Submit a disability claim" on the homepage OR select "Submit a claim" under the "Claims" tab of the main menu. Click "Disability" to begin the step-by-step guide, as outlined below.

	ROSS'			Good afterr	ioon, Jamie		Cla
ood afterr	100n, Jamie		Claims 🔻 Ben		ID card details.→	Claims overview >	Claim history
Member: Jamie Doe Group/Policy Number: 123 Section	ID card details> Group Name: Company XYZ ID Namber: 12345678 Find Information for providers and fund available is used. ID and	Here are some important actions View available benefits Submit a claim Submit a disability claim Document upload User your wellness tool (Balance <sup>®</sup> ) Claims toblas report		Member: Jamie Doe Group/Policy Number: 123 Section ABC	Group Name: Company XYZ ID Namber: 12345678 Find Information for providers a travel assistance in your ID card details	Submit a claim	Recent claims Health claims Dental claims Direct-bill drug claims
isability claims	details			Disability claims			Non-Tax Hsa claims Accidental Dismembermen claims Disability claims

Under disability claims, you can select the specific claim type to start the claim.

## READ THE CHECKLIST TO ENSURE YOU HAVE THE NECESSARY INFORMATION TO SUBMIT A CLAIM

Before starting the online form, confirm what is needed to submit a disability claim, such as a scanner or digital device with camera, current employment information, medical information, direct deposit information and, if applicable, details regarding the incident.

#### For online claims, you must agree and consent to the 'Electronic acknowledgement and consent' terms to start the claim and move forward.

**Note:** a link to start a paper form is also available on this page.

\*Not available on the Alberta Blue Cross® mobile application.



- I understand it is my responsibility to submit a complete application, and that I am responsible for any fees related to the
- I have read and agree to the online submission acknowlegement and





If you started the process of submitting a claim, but did not fully submit it, the following intercept will appear:

	FAQ (g) Sign out
Submit disability claim	Claims ▼ Benefits ▼ Providers ▼ Documents ▼ Account ▼
Claim submission Welcome to the claim submission wizard! Our on	
submitting your life and disability claims simple. 1 with all the necessary information, please ensure following:  a scanner and printer or digital device with a ca your current employment information, includin to a device with a ca	ch 26, 2024. bmission. If yver'. How to upload a receipt for a claim
e drasamy,     medical information, including the physicians c     and any treatments you're on;     direct deposit information (required for online s	Continue If your claims have been selected for verification, prompt submission of receipts will ensure your claim gets paid in a timely mamer.
If applicable, provide details regarding your incident, including the date, time, causes and a police report.	Follow the prompts under Claims requiring documentation in the Claims section to share the requested documents.
Electronic acknowledgement and consent	Net uploading receipts? find out more about other documents that can be submitted.
By submitting your claim for processing and payment by Alberta Blue Cross, you consent and agree to the following provisions: • Lunderstand that Alberta Blue Cross requires all documentation before my application will be adjudicated. An application	Learn more about upload of documents

You can choose to continue where you left off in your claim submission process, or start a new claim. You can only have one active claim at a time.

**Note:** if you save your information, resuming at a later time will allow you to review the whole process from step 1. The information will save for up to 1 year.

## **ONLINE SUBMISSION STEP-BY-STEP GUIDE**

#### **1.PERSONAL INFORMATION**

Please confirm your information. Your personal information is pre-populated with what we have in our systems. If your member information has changed, you can edit the sections and update as necessary. If everything is correct, click "Save and Continue".



#### **2.POSITION INFORMATION**

Provide the relevant details about your current employment position and disability leave.

Note: at step 2, and all consecutive steps, you can save and exit the submission and resume at a later time.

	FAQ (Lip Sign out
Submit disability claim	<u>Claims</u> ▼ Benefits ▼ Providers ▼ Documents ▼ Account ▼
Step 2: Position information Please provide the relevant information about your occupation and leave due to disability. What is your position or job title? Lorem ipsum When was the last day that you worked? (MM/DD/YYYY) 12/12/2024	<ul> <li>Step 1: Personal information</li> <li>Step 2: Position information</li> <li>Step 3: Medical information</li> <li>Step 4: Medical practitioner information</li> <li>Step 5: Additional information</li> <li>Step 5: Document upload</li> <li>Step 7: Review</li> </ul>
What is the reason that you are off work (the condition or diagnosis)? (500 character limit) Lorem ipsum	<b>Need assistance?</b> For help completing this form or at any time in this process, you can contact Life and Disability Services at

#### **3.MEDICAL INFORMATION**

Provide any medical information relevant to the disability, as well as any ongoing medical conditions. Please be as detailed as possible to improve claim processing. Depending on whether you choose the cause of disability as 'Accident' or 'Illness', the form will change accordingly and request the necessary details.

BLUE CROSS	FAQ 🕞 Sign out
Submit disability claim	<u>Claims</u> ▼ Benefits ▼ Providers ▼ Documents ▼ Account ▼
Step 3: Medical information         Provide any medical information relevant to this disability, as well as any other ongoing medical conditions. Please be as detailed as possible to help us better process your claim.         What was the cause of the disability?         Accident       Illness         Was the accident work-related?         Yes       No	<ul> <li>Step 1: Personal information</li> <li>Step 2: Position information</li> <li>Step 3: Medical information</li> <li>Step 4: Medical practitioner information</li> <li>Step 5: Additional information</li> <li>Step 5: Additional information</li> <li>Step 5: Document upload</li> <li>Step 7: Review</li> </ul>
Do you have a Worker's Compensation Board claim for this accident?	Need assistance?
Please attach a copy of the worker's compensation claim in Step 6: Document upload.	For help completing this form or at any time in this process, you can contact Life and Disability Services at

#### **4.MEDICAL PRACTITIONER INFORMATION**

Provide the relevant details about any physician, medical practitioner or care provider information you have.

	FAQ 🛛 🕞 Sign out
Submit disability claim	<u>Claims</u> ▼ Benefits ▼ Providers ▼ Documents ▼ Account ▼
Step 4: Medical practitioner information         Provide the relevant Information for any physician, medical practitioner or care provider you have seen for any health conditions. Please be as detailed as possible to help us better process your claim.         When was the first day that you saw a medical practitioner about this illness or accident? (MM/DD/YYY)         Has a medical practitioner told you when you can return to work?         Yes       No	<ul> <li>Step 1: Personal information</li> <li>Step 2: Position information</li> <li>Step 3: Medical information</li> <li>Step 4: Medical practitioner information</li> <li>Step 5: Additional information</li> <li>Step 5: Document upload</li> <li>Step 7: Review</li> </ul>
When can you return to work? (//M//DD//YYYY)	<b>Need assistance?</b> For help completing this form or at any time in this process, you can contact Life and Disability Services at

#### **5.ADDITIONAL INFORMATION**

Provide any additional information that may be helpful in consideration of this claim application. Confirm your phone number and the best time to contact you.

5	ALBERTA BLUE CROSS'	FAQ 🕞 Sign out
	Submit disability claim	<u>Claims</u> ▼ Benefits ▼ Providers ▼ Documents ▼ Account ▼
	Step 5: Additional information Provide any additional information which may be of value in consideration of this application for benefits. (500 character limit)	<ul> <li>Step 1: Personal information</li> <li>Step 2: Position information</li> <li>Step 3: Medical information</li> <li>Step 4: Medical practitioner information</li> <li>Step 5: Additional information</li> <li>Step 5: Additional information</li> <li>Step 6: Document upload</li> </ul>
	What is the best number to reach you?	Step 7: Review
	O other	Need assistance? For help completing this form or at any time in this process, you can contact Life and Disability Services at

#### **6.DOCUMENT UPLOAD**

Upload any documents relevant to the claim. Required documents are listed under "Add documents"; please ensure you are selecting the appropriate document type before uploading. Failure to do so may prevent the file from being uploaded as expected. You can choose the document type from the drop-down selection list and then select the file to upload.

**Note:** for all disability claims, you must fill out and sign the acknowledgement and consent form. We cannot proceed with the disability claim without this signed consent form.

	FAQ 🕞 Sign out
Submit disability claim	<u>Claims</u> ▼ Benefits ▼ Providers ▼ Documents ▼ Account ▼
Step 6: Document upload         Please upload any documents relevant to this claim. Ensure you are selecting the appropriate document type. Failure to do so may prevent the file from being uploaded as expected.         Possible file types include .jpgpngtff, .bmpgifpdf, .doc and .docx.         Print the <u>Acknowledgement and consent form (PDF). (a</u> Add documents            • Acknowledgement and consent	<ul> <li>Step 1: Personal information</li> <li>Step 2: Position information</li> <li>Step 3: Medical information</li> <li>Step 4: Medical practitioner information</li> <li>Step 5: Additional information</li> <li>Step 5: Additional information</li> <li>Step 6: Document upload</li> <li>Step 7: Review</li> </ul>
Correspondence	Need assistance? For help completing this form or at any time in this process, you can contact Life and Disability Services at

A green checkmark will appear next to a document that has been uploaded correctly. Once a document has been uploaded, you can submit more documents if needed. Our system allows up to a maximum of 10 documents to be uploaded, that collectively do not exceed 20 MB.

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Ohen & Deservershandland	Step 1: Personal information
Step 6: Document upload	Step 2: Position information
Please upload any documents relevant to this claim. Ensure you are selecting the appropriate document type. Failure to do so may prevent the file from being	Step 3: Medical information
uploaded as expected.	Step 4: Medical practitioner
Possible file types include .jpg, .png, .tiff, .bmp, .gif, .pdf, .doc and .docx.	information
Print the Acknowledgement and consent form (PDF).	Step 5: Additional information
	Step 6: Document upload
Add documents	Step 7: Review
Acknowledgement and consent	
	Need assistance?
	For help completing this form or at any
Document #1 × Remove	time in this process, you can contact Life and Disability Services at
Document type Acknowledgement and consent	Edmonton and area
	587-756-8631

#### 6.DOCUMENT UPLOAD (continued)

If a required document has not been uploaded, or has been uploaded incorrectly, a prompt will appear in red indicating that a document is missing.

	FAQ 🕞 Sign out
ıbmit disability claim	<u>Claims</u> ▼ Benefits ▼ Providers ▼ Documents ▼ Account ▼
Step 6: Document upload	<ul> <li>Step 1: Personal information</li> <li>Step 2: Position information</li> </ul>
Required document(s) of "Acknowledgement and consent" is missing.	Step 3: Medical information
Please upload any documents relevant to this claim. Ensure you are selecting the appropriate document type. Failure to do so may prevent the file from being uploaded as expected.	Step 4: Medical practitioner     information     Step 5: Additional Information
Possible file types include .jpgpngtiff, .bmpgif, .pdf, .doc and .docx. Print the <u>Acknowledgement and consent form (PDF)</u>	Step 5: Document upload  Step 7: Review
Add documents	

If additional documents are required for an existing disability claim, you can submit them through the "Upload a document" feature located on the homepage or under the "Documents" tab of the main menu.



#### **7.REVIEW AND SUBMIT**

Please review all of the information you have provided and ensure it is accurate. If any information needs to be updated, click "Edit" at the top right of each section. If everything is accurate, click "Submit".

BLUE CROS	S	FAQ 🌘 Sign out
Submit disability	v claim	<u>Claims</u> ▼ Benefits ▼ Providers ▼ Documents ▼ Account ▼
Step 7: Review Please review your information I information needs to be updated section.	below and ensure that it is accurate. If any i, click the edit button at the top right of each	<ul> <li>Step 1: Personal Information</li> <li>Step 2: Position Information</li> <li>Step 3: Medical Information</li> <li>Step 4: Medical practitioner information</li> <li>Step 5: Additional Information</li> </ul>
First name	Jamie	Step 6: Document upload
Last name Birthdate Address 1	Doe Feb 12, 1973 123 Street ABC Ave	Step 7: Review
City	Edmonton	
Province/State	AB	Need assistance?
Country	Canada	iveeu assistance?
Postal/ZIp code	A1A 1A1	For help completing this form or at any

#### **SUBMISSION CONFIRMATION**

Once your claim is submitted, you will receive an immediate confirmation that the claim was successfully received and, if necessary, a representative will contact you to discuss next steps. At this step, you can obtain a PDF copy of the form for your records. You can click "View disability claim status" to be directed to your claim menu for the claim type submitted and to check the status of your claim.



### WE'RE HERE TO HELP

If you have any questions or need help completing the online claim, please contact our Life & Disability Services team.

**Edmonton area:** 587-756-8631 **Toll-free:** 1-800-763-6206 Monday to Friday, 8:30 a.m. to 4:30 p.m. MT.

