

To assist you in preparing for any future out-of-province medical referral claims, we are providing you with a list of steps that must be followed prior to seeking reimbursement from SSQ Insurance Co. Inc. You must have:

1. A written referral from the attending physician. The referral must state:
 - a. the diagnosis
 - b. the service is not available in New Brunswick
 - c. if a travel companion is needed
 - d. if follow-up medical travel is expected

Maximum Eligible Expense:

- a. Economy Airfare OR \$.29 Km for mileage
- b. Up to \$100.00 per day for meals, lodging, parking and ground transportation
- c. Must submit itemized paid-in-full receipts
- d. Confirmation of appointment attendance.

When submitting claims to SSQ Insurance Co., Inc.:

- a. Complete a to Collect, Use and Disclose Personal Information (Consent) form and forward the written doctor's referral, confirmation of appointment, # of kilometres if driving, and all paid-in-full receipts to: SSQ Insurance Co. Inc., 1225 St-Charles St. West, Suite 200, Longueuil, Quebec J4K 0B9
- b. State your UNB Group SSQ Travel Policy Number (1L915), ID number (427E) and indicate who the claim is pertaining to (ie. plan member, spouse and/or dependent if applicable)
- c. State this is a "referral claim". Indicate which dates you travelled and/or where you were hospitalized out-of-province or attended a clinic appointment.

Please make sure your address is kept up-to-date with UNB Human Resources as the reimbursement cheques will be sent to your home address if you don't provide a banking information for direct deposit.

IF YOU NEED ASSSITANCE OR HAVE CONCERNS ONCE THE CLAIM HAS BEEN PROCESSED, PLEASE CONTACT UNB HUMAN RESOURCES, 453-4648, ATTENTION SHERRI ROBICHAUD.

University of New Brunswick: Out-of-Province Referral Request Letter

Instructions:

Please ensure the following documents are attached to this letter:

- 1 An Attending Physician's referral
- 2 Confirmation of appointment – letter or note from attending physician
- 3 The receipts and notification of mileage
- 4 Please complete the Emergency Medical Claim Report, Consent to Collect form, and return it along with your receipts to the address noted below

Note: all claim forms are available on the University of New Brunswick's website

Policy Number: 1L915

SSQ Insurance Company Inc. agrees this letter is to be used for the adjudication of Out-of-Province Travel claims in the interim of establishing an Out-of-Province Referral Claim Form. Claims are to be adjudicated according to the **Referral Services Outside of the Insured Person's Province of residence or Canada** section of the policy noted above. Please note the following unique contract wording specific to the University of New Brunswick:

Travel Expenses – Charges for travel expenses along a normal and reasonable route, without delay or stop-over, of an Insured Person, parent, guardian or family member while accompanying the Insured Person for treatment outside their province of residence but while still remaining in Canada are considered as follows:

- Up to \$100 per day per Insured Person as an outpatient while receiving recommended medical treatment outside of their province of residence
- Up to \$100 per day for a parent, guardian or family member who accompanies the Insured Person
- Economy class airfare or if transportation occurs in a vehicle or device other than one operated under a license for hire, then reimbursement of transportation expenses will be limited to a maximum of \$0.29 per km for travel to and from the recommended place of medical services.

Please retain copies and mail originals to:

Group Insurance Claims - Accident & Illness

SSQ Financial Group
Billing and Enrolment
1225 St-Charles St. West, Suite 200
Longueuil, QC
J4K 0B9

SSQ Insurance Company Inc.

110, Sheppard Avenue East, Suite 500
Toronto (ON) • M2N 6Y8
Fax: 1-866-411-9248

800 - 6th Avenue S.W., Suite 650
Calgary (AB) • T2P 3G3
Fax : 1-866-411-9248

1225 St-Charles Street West, Suite 200
Longueuil QC • J4K 0B9
Fax: 1-855-690-9895
Email : claims.spgroup@ssq.ca

1. PARTICIPANT IDENTIFICATION

Policy Number _____ **Claim Number** _____

Insured's Name _____ **Telephone No.** () _____

Address _____

Number & Street	City	Province	Postal Code
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2. BANK INFORMATION

Name of Financial Institution _____

Address of Financial Institution _____

Number & Street	City	Province	Postal Code
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Type of Account: Chequing *(please attach a void cheque)*
 Savings *(please provide your banking information below)*

Transit/Branch No. Institution No. Account No.

Note: Your banking information appears on the bottom of your cheque as per example below:

'000 "	- 01234	001	12345679
	↓	↓	↓
	Transit #	Institution #	Account #

3. AUTHORIZATION

I authorize SSQ Insurance Company Inc. to deposit my claim benefit payments to the account mentioned on this form.

Insured's Signature _____ **Date** D M Y _____

Account Holder Signature _____ **Date** D M Y _____
(if other than Insured)