



# Validating claims

Sun Life validates information to ensure we're paying claims correctly.

## Why we're contacting you

We're contacting you to verify claims we've received for your services or supplies. We selected this claim as part of our quality review program. That's why we're asking you to validate the service dates and amounts. If you're not able to validate the information, we may delay or decline payment.

## How this protects you

We want to ensure no one uses your credentials inappropriately for services or supplies you didn't provide. Our quality review process ensures we're only paying for valid claims.

## If we can't validate this claim

Failure to cooperate with our requests will result in Sun Life no longer processing claims for services or supplies provided by you or your facility. We will also remove your profile from the Provider Search on Lumino and your e-claims access, if applicable.

## You're authorized to provide this information

Sun Life's Privacy Policy sets high standards for collecting, using, disclosing and storing personal information. Every time a plan member submits a claim to Sun Life, they authorize us to collect, use and disclose claims information for auditing purposes. This includes claims for their dependents. Please see our Terms and Conditions below.

**Step 2 of 4**

**If you accept and agree to the following terms and conditions to submit a claim online, then click I agree to continue.**

- Fraudulent claims are very costly for all participants in benefit plans. As administrator of this plan and for audit and investigative purposes, Sun Life Assurance Company of Canada ("Sun Life") may check the accuracy of the information given in support of your claim, and if we ask, you agree to send us the original receipts and supporting documents within the time frame requested.**
- Sun Life reserves the right to:
  - remove the online *Submit a Claim* feature and request that you send in a paper claim form with original receipts and supporting documents, and
  - request that you send in the original receipts and/or supporting documents within **12** months of you submitting your claim online.

I agree

cancel

**Certification and Authorization:** I certify that all goods and services being claimed have been received by me/my dependents. If this claim is being made on behalf of my spouse and/or dependents, I am authorized to disclose information about them, and confirm they have authorized Sun Life to disclose information about their claims to me, for the purposes of assessing and paying a benefit, if any, and managing my group benefits plan.

I certify that the information in this form is true and complete and does not contain a claim for any expenses previously paid for by this or any other plan.

I authorize Sun Life, its agents and service providers, and its reinsurers to collect, use and disclose information needed for underwriting, administration and adjudicating claims under this Plan to any person or organization who has relevant information pertaining to this claim including health professionals, institutions, investigative agencies, and insurers. I understand that information pertaining to this claim may be reviewed in the event that this Plan is audited.

In the event there is suspicion and/or evidence of fraud and/or Plan abuse concerning this claim, I acknowledge and agree that Sun Life may investigate and that information about me, my spouse and/or dependents pertaining to this claim may be used and disclosed to any relevant organization including regulatory bodies, government organizations, medical suppliers and other insurers, and where applicable my Plan Sponsor, for the purpose of investigation and prevention of fraud and/or Plan abuse.

If there is an overpayment, I authorize the recovery of the full amount of the overpayment from any amount payable to me under my benefit plan(s), and the collection, use and disclosure of information about this claim to other persons or organizations, including credit agencies and, where applicable, my Plan Sponsor for that purpose.

I agree that a photocopy or electronic version of this authorization is as valid as an original, and may remain in effect for the continued administration of this Plan.

By selecting 'submit', I agree to the Certification and Authorization noted above.

submit

cancel

Thank you for helping us make sure our claims are accurate when we contact you.

## Report suspicious activities

If you're suspicious of any group benefits activity by Clients or other providers, please call us at **1-888-882-2221**. Or you can email us at **clues@sunlife.com**.

## Life's brighter under the sun

Group Benefits are provided by Sun Life Assurance Company of Canada, a member of the Sun Life group of companies. FR-9428-E-08-21 co-jf

