



ACE INA Insurance
 ACE INA Life Insurance
 1400 – 25 York Street
 Toronto, Ontario M5J 2V5
 Telephone: 416-594-2627 1-877-772-7797

CANADIAN ACTORS' EQUITY ASSOCIATION
 CLAIMANT STATEMENT
 HEALTH and WELLNESS
 CLAIM FORM

PLEASE ENSURE THAT YOU RETAIN COPIES OF ALL RECEIPTS/DOCUMENTATION THAT IS SUBMITTED TO THE INSURANCE COMPANY. ACE INA LIFE INSURANCE WILL NOT BE RETURNING ANY RECEIPTS TO YOU.			
PLEASE COMPLETE ALL DATES IN MONTH/DAY/YEAR FORMAT			
Full name of Claimant			
Address			
City	Province	Postal Code	Phone # ()
Date of Birth		CAEA Member Number	
Is your membership in good standing and paid up to date? Yes <input type="checkbox"/> No <input type="checkbox"/> If you respond no, you will need to ensure it is in good standing before submitting this claim.			
Type of expense being claimed (please refer to list on page 2):			
Is this a Dental Claim? Do you have dental coverage elsewhere? Yes _____ No _____			
If you replied yes, please attach a copy of all dental payments from other insurance companies relative to this claim.			

PLEASE NOTE THAT THE TOTAL MAXIMUM AMOUNT ALLOWABLE UNDER THE HEALTH AND WELLNESS BENEFIT IS \$100.00 PER CALENDAR YEAR

INSURED'S STATEMENT:

The above statements are true and correct to the best of my knowledge and belief. I authorize, for a period of not less than twelve (12) and twenty-four (24) months from the date hereof, any physician, practitioner, health care provider, hospital, health care institution, medical organization, clinic and any other medical or medically related facility, insurance company, workers compensation board or similar plan or organization, plan administrator, federal, territorial or provincial government department, or any other corporation or organization, institution or association, to release and exchange with ACE INA Insurance or ACE INA Life Insurance, or its representatives, all medical or benefit payment information or any other information or records in its possession that the Insurer may request while administrating my claim. I agree that a photocopy of this authorization shall be as valid as the original.

Claimant's Signature: _____ Date: _____

**PLEASE SUBMIT THIS FORM AND ALL ATTACHMENTS DIRECTLY TO
 ACE INA LIFE INSURANCE.
BEFORE MAILING, PLEASE SEE CHECKLIST ON PAGE 3.**



Eligible Health and Wellness Expenses

Alcoholism treatment	Hair Replacement	Pediatrician
Anaesthetist	Hearing Aid and batteries	Physician (not covered by provincial plan)
Artificial limbs	Homeopathy	Post-natal treatments
Botox (non-cosmetic)	Hospital bills (not covered by provincial plan)	Pre-natal care
Braces	Hydrotherapy	Psychiatrist
Cardiographs	Insulin treatments	Psychoanalyst
Chinese medicine	Lab tests	Psychologist
Circumcisions	Laser eye surgery	Psychotherapy
Contact lenses	Laser hair removal	Radium therapy
Contraceptive devices	Lodging (away from home for outpatient care)	Special school costs for the handicapped
Dental Bridgework	Medical equipment	Splints
Dental Crowns	Medical supplies	Sterilization
Dental treatment	Metabolism tests	Surgeons
Dental implants	Naturopath	Telephone or TV equipment to assist the hearing impaired
Dental whitening	Neurologist	Therapy equipment
Dental x-rays	Nursing home (including board and meals)	Transportation expenses (relative to healthcare)
Dentures	Nutritionist/dietician	Ultraviolet ray treatments
Dermatologist	Obstetrician	Vaccines
Diagnostic fees (not covered by provincial plan)	Operating room costs	Vasectomy
Diapers for incontinence	Ophthalmologist	Vein removal
Drug addiction therapy	Optician	Viagra
Eyeglasses/Eye exams	Oral surgery	Wart removal
Fluoridation unit	Oral Contraceptive	Wheelchair
Fertility treatments	Organ transplant (including owner's expense)	X-rays
Guide dog (deaf, blind)	Orthodontist	
Gynecologist	Orthopedist	
	Oxygen and oxygen equipment	

Health & Wellness Frequently asked Questions:

What is the benefit amount?

The benefit amount is \$100.00 per calendar year. For the period of July to December 2006, the benefit amount is \$50.00.

What types of expenses are covered under the Health and Wellness Benefit plan?

Only those services listed above are covered expenses and these expenses will only be reimbursed with a valid receipt.

How long do I have to submit an expense(s)?

You have 1(one) year from the date of service to submit an expense.

Is my dependant/spouse covered?

No, your dependant/spouse is not covered.

Is this benefit available only while I am under a contract or is the benefit available at any time while my membership status is in good standing?

This benefit is available to all members in good standing – you do not have to be under a contract.

What is the expected timeframe to obtain payment of this benefit once my claim and receipt(s) are submitted?

The claim will be paid within 10 business days.



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CHECKLIST

Page – 3

Before submitting a completed claim form to ACE INA Life Insurance; please review the attached check list to avoid any delay in the processing of your claim:

- Have you fully completed and signed the appropriate claim form (i.e. medical, paramedical, health and wellness)?
- Is your membership with Canadian Actors Equity Association current and in good standing (fully paid up)?
- Have you attached an official receipt (do not submit a cash register receipt) confirming the type of treatment, date of treatment, name/qualification and signature of the service provider?
- If you are submitting a receipt for a treatment that requires MD referral; have you attached the referral from your medical doctor?
- If you are submitting a massage therapy receipt, did you receive the treatment from a REGISTERED massage therapist? **NOT ELIGIBLE UNDER THE HEALTH AND WELLNESS ACCOUNT.**