



Save time by submitting your claims through *my-benefits eClaims*.



my-benefits eClaims allows you to electronically submit the majority of your Health and Dental claims, quickly and easily. (Prescription Drug and Travel Health claims will continue to require the use of your pay-direct card or traditional paper-based claim forms.)

To submit a claim using *my-benefits eClaims*, follow these steps for **each receipt**:

- 1 Read and agree** to the "Terms and Conditions".
- 2 Select the patient who used the services** – you or a covered dependent.
- 3 Select the service or product supplied** (the type of claim). You can also submit claims coordinated with another plan by simply indicating to us who holds the other coverage.
- 4 Enter the service date and amount charged by the provider.** Attach an electronic copy of the original receipt, and an *Explanation of Benefits* statement if coordinating with a plan which has already paid a portion of the expense.

Click on **Submit a Claim** to repeat the process. A new submission is required for each claim receipt.

It's as simple as that.

You will receive an email notice when your *Explanation of Benefits* has been prepared and claim payments have been deposited into your designated account. You can view the status of any claim, at any time, under the *Claims Usage and History* tab.

To protect the Plan from fraud and misuse, claims submitted using *my-benefits eClaims* will be subject to random audits and verification. You must retain all original documents for 12 months from the date of submission, for presentation, should a claim be selected for audit.

my-benefits.ca