

In-Canada Claim Form

PLEASE PRINT

SECTION A: CLAIMANT / INSURED

INSURED PERSON

Full Name	Email address	Policy Number	Date of Birth (DD/MM/YYYY)
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary	Telephone	Mobile	

INSURED PERSON'S HOME ADDRESS

Unit #	Street Name and #	City	State/Province	Country	ZIP/Postal Code
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SECTION B: AUTHORIZATION TO PAY

THIS CLAIM IS PAYABLE TO (PLEASE SEE PAGE 2 OF THIS FORM TO SELECT THE PAYMENT OPTION):

<input type="checkbox"/> Insured	<input type="checkbox"/> Parent/Guardian (Full Name):	<input type="checkbox"/> Hospital/Clinic	<input type="checkbox"/> Physician
<input type="checkbox"/> Other: If applicable, I authorize payment of this claim to (please print):			

SECTION C: OTHER INSURANCE COVERAGE

Does the insured person currently have provincial or government coverage of any kind?	<input type="checkbox"/> Yes <input type="checkbox"/> No
IF YES , provide the name of the government agency providing coverage:	

Is the insured person covered by another medical or travel insurance policy (including coverage through a spouse, parent, or guardian)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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IF YES, provide details of other insurance coverage:

Full Name of Policyholder		Insurance Company		
Policy/Plan Number	ID/Certificate Number	Employer Group Number (if applicable)	Employer Name (if applicable)	Employer Phone (if applicable)

SECTION D: EXPENSES CLAIMED

Name of Medical Provider	Reason for visiting the doctor & Diagnosis	Date of Service (DD/MM/YY)	Amount Billed (\$)	Amount Paid (\$)

Date symptoms first appeared / Date of injury (DD/MM/YY):	
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Description of insured's sickness or injury (if this space is insufficient, additional information can be attached):

I authorize any doctor, medical practitioner, hospital, facility providing medical or health-related services, third-party administrator, provincial plan, and any other insurer to release and exchange with Lloyd's, StudyInsured, or its representatives, any information (including personal health data and records) required to process this claim.

I authorize any third party providing me with assistance in this claim process to have access to any and all relevant claims information related to the adjudication of my claim with Lloyd's and StudyInsured. I authorize StudyInsured to coordinate the payment of benefits with any insurance carriers that may have a liability for this claim and assign to Lloyd's and StudyInsured any benefits payable from any other sources for losses covered under this policy, and authorize and direct such payers to forward payment directly to Lloyd's and StudyInsured. I confirm below by my signature that I am authorized to act on behalf of any of my dependants for these purposes. A photocopy of this authorization shall be as valid as the original.

I authorize StudyInsured™ / MSH International (Canada) Ltd. to coordinate the payment of benefits with any insurance carriers that may have a liability for this claim and assign to Lloyd's and StudyInsured™ and MSH International (Canada) Ltd. any benefits payable from any other sources for losses covered under this policy, and authorize and direct such payers to forward payment directly to Lloyd's and StudyInsured™ and MSH International (Canada) Ltd.

I certify that the information provided in connection with this claim is complete, true, and accurate.

Insured Name (please print)	Insured Signature (if under 16, signature of parent/guardian)	Date (DD/MM/YY)
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Payment Preference Form

PLEASE PRINT



ATTACH ALL INVOICES AND RECEIPTS AND SUBMIT YOUR CLAIM ONLINE ON YOUR STUDENT INSURANCE WEBSITE.

OR SEND BY EMAIL:

studentclaims@studyinsured.com

OR PRINT AND SEND BY POST:

StudyInsured Assistance™
150 King St West, Suite 602, PO Box 75
Toronto ON M5H 1J9

CALL STUDYINSURED™:

+1 866.883.9485 **+1 416.640.7862**
toll-free from collect call
Canada & USA where available

PAYEE INFORMATION

Full Name	Email
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PREFERRED PAYMENT METHOD

Cheque (Canadian addresses only)

Please provide the payee's Canadian mailing address.

Unit #	Street Name and #	City	Province	Postal Code
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Electronic Funds Transfer (EFT) - Canadian accounts only

Please provide bank details below. You can find these numbers on a blank cheque (**example**) or on your bank statements.

Bank Name	Account Holder Name (if different from payee)		
Account Holder Address			
Transit Number (5 digits only)	Financial Institution (3 digits only)	Account Number (7 digits only)	

No-Fee International Wire Transfer - American accounts

Please provide bank details below. You can find your ABA and Account numbers on your bank statements.

Bank Name	Account Holder Name (if different from payee)		
Bank Address			
ABA Routing Number (8-11 digits)	Account Number		

No-Fee International Wire Transfer - International accounts

Please provide bank details below. You can find your IBAN and SWIFT Code numbers on your bank statements.

Bank Name	Account Holder Name (if different from payee)		
Bank Address			
IBAN (International Bank Account Number)	SWIFT Code (8-11 characters)		

Insured Name (please print)	Insured Signature (if under 16, signature of parent/guardian)	Date (DD/MM/YY)
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