


A. About you (the person making the claim)

| | |
|---|---|
| Last name | First name |
| 10-digit daytime phone number Extension: | Email address (in case we need to contact you about your claim) |

B. About the person who received the care

 If more than one person received care, please complete a separate form for each person.

Who received the care you're making a claim for?

| | | | | | | |
|---------------------------------------|---|-----------------------------|-----------------------------|----------------------------|---------------------|-------------|
| <input type="checkbox"/> Yourself | → | Date of birth (YYYY-MM-DD) | Address – No., street, apt. | City | Prov./Terr. | Postal code |
| <input type="checkbox"/> Someone else | → | Last name | First name | Date of birth (YYYY-MM-DD) | Relationship to you | |
| | | Address – No., street, apt. | | City | Prov./Terr. | Code postal |

C. Coverage of the person who received the care

1. Coverage through Desjardins

Check the type or types of coverage **the person who received the care** has through Desjardins and provide the requested information.

| | | | |
|--|---|---------------------------|--------------------|
| <input type="checkbox"/> Travel insurance included with a credit card | → | Credit card number | |
| <input type="checkbox"/> Travel insurance included in a group insurance plan offered by an employer or other association | → | Group number | Certificate number |
| <input type="checkbox"/> Other travel insurance | → | Contract or policy number | |

2. Coverage through another insurer

Does the person who received the care (either you or someone else) have other travel insurance? ☐ Yes ☐ No

If **yes**, check the type or types of coverage and provide the requested information.

| | | | | | |
|--|---|---------------------------------------|---|---|---|
| <input type="checkbox"/> Travel insurance included with a credit card | → | Name of insurer or credit card issuer | Did you make a claim? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| <input type="checkbox"/> Travel insurance included in a group insurance plan offered by an employer or other association | → | Name of insurer | Group number | Certificate number | Did you make a claim? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Other travel insurance | → | Name of insurer | Contract number | Did you make a claim? <input type="checkbox"/> Yes <input type="checkbox"/> No | |

D. Trip details


| | | |
|---|---|---|
| Left home province or territory on (YYYY-MM-DD) | Initially scheduled to return to home province or territory on (YYYY-MM-DD) | Returned to home province or territory on (if different from initially scheduled date) (YYYY-MM-DD) |
| Where care was provided City | Country | Reason for trip <input type="checkbox"/> Pleasure <input type="checkbox"/> Business <input type="checkbox"/> To receive care <input type="checkbox"/> Other: _____ |

E. Reasons for receiving care

Why was the care provided? (Use a separate sheet, if needed.)

Did you contact the Assistance Service? ☐ No | ☐ Yes → File number: _____

F. Fees incurred for care

 If you didn't receive any invoices, go to section G.

Fill out the following table for each invoice received. Use a separate sheet if there are more than 3 invoices.

| Invoice 1 | | Type of service (consultation, hospitalization, prescription, etc.) |
|-------------------|----------|---|
| Amount on invoice | Currency | |

Did you pay the invoice? ☐ No | ☐ Yes → ☐ In full ☐ Partially Amount paid: _____ Currency: _____

| Invoice 2 | | Type of service (consultation, hospitalization, prescription, etc.) |
|-------------------|----------|---|
| Amount on invoice | Currency | |

Did you pay the invoice? ☐ No | ☐ Yes → ☐ In full ☐ Partially Amount paid: _____ Currency: _____

| Invoice 3 | | Type of service (consultation, hospitalization, prescription, etc.) |
|-------------------|----------|---|
| Amount on invoice | Currency | |

Did you pay the invoice? ☐ No | ☐ Yes → ☐ In full ☐ Partially Amount paid: _____ Currency: _____

G. Consent related to the management of your personal information by Desjardins Insurance

1. Why Desjardins Insurance needs your consent

Your consent allows us to collect, use and disclose the personal information we require to:

1. Analyze your insurance applications
2. Manage your file while you're covered under the insurance
3. Process claims

Your consent also allows us to do the following, as required:

- Look at information in any old insurance file you may have with Desjardins Insurance
- Ask a personal information broker to provide us with an investigation report about you, if necessary
- Send a summary of your personal information, including health-related information, to MIB, LLC (see text box below), after analyzing an insurance application you've submitted

MIB, LLC is an organization that operates a database allowing insurance companies in Canada and the United States to collect and disclose information about their clients.

- Send your doctor any medical information that we obtained about you when analyzing your insurance applications or claims, so they can share it with you
- Provide insurers and reinsurers with any relevant information (medical test results, etc.), so they can assess an insurance application you've submitted

By giving your consent to us, you also authorize our reinsurers to collect, use and disclose your personal information the same way we would. Our reinsurers are companies that insure us, Desjardins Insurance.



Please sign the last page of this form

- 2. Who your personal information will be collected from or disclosed to** You give your consent for the collection and disclosure of the necessary information with you, but also with other people and organizations. These people and organizations include:
- Travel agencies, travel wholesalers, airlines
 - MIB, LLC
 - Healthcare professionals or establishments (doctors, hospitals, clinics, etc.)
 - Healthcare providers
 - Paramedical firms
 - Public or parapublic organizations
 - Insurance companies other than Desjardins Insurance
 - Reinsurers
 - Your employer or a former employer
 - The policyowner (also called policyholder or contract holder), if you aren't that person
 - Other Desjardins components, if they're involved in the insurance
 - A personal information broker or an investigation firm

- 3. If the request concerns someone other than yourself**
- For a minor child**
You also authorize us to collect, use and disclose the necessary personal information about them, if they're under age 14 (Quebec) or under age 16 (all other provinces and territories)
- For a deceased person**
You also authorize us to collect, use and disclose the necessary personal information about them.

By signing this form, you:

- Authorize Desjardins Insurance and its reinsurers to collect, use and disclose your personal information based on the conditions outlined in this section, the applicable regulations and Desjardins Group's Privacy Policy. You can consult the policy at www.desjardins.com/privacy-policy

H. Declaration

By signing this form, you:

- Declare that the information provided in this form and in any other document submitted for your claim is accurate and complete
- Understand that your insurance may be declared null and void or your claims may be denied if you provide false or incomplete information, or you make false statements

I. Signatures

X

Signature of the person making the claim

Date (YYYY-MM-DD)

X

Signature of the person who received the care

Date (YYYY-MM-DD)

- › If the person is a minor child who is under age 14 (Quebec) or under age 16 (all other provinces and territories), a parent, guardian or legal representative must sign for them and complete the green box below
- › If the person who received the care is deceased, please check this box ☐

Person signing for the minor child:

Relationship to the minor child:

☐ Parent (father or mother) ☐ Guardian (Quebec)

First and last names (please print)

☐ Legal representative (all provinces and territories other than Quebec)



Make sure you've completed all the required sections.

If any signatures or information are missing, your claim may take longer to process.