



PLAN MEMBER'S GUIDE



AGA
BENEFIT
SOLUTIONS

This guide was designed to give you an overview of the key features of your Group Plan, administered by AGA Benefit Solutions.

It provides general information and answers to frequently asked questions from our plan members.

To confirm whether specific services and products mentioned in this guide are covered under your plan, please refer to your Group Insurance Booklet or contact our Customer Care Team.

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MEMBERS PORTAL

Our Members Portal is easy to use and accessible on a computer, tablet or smart phone, and will allow you to:

- Consult the health benefits covered in “My Plan”.
- View and print your wallet and travel assistance cards in “My Group Insurance”.
- View your insurance certificate and download forms and guides in “My Group Insurance”.
- Submit your claims online using the “Submit a claim” menu.
- View your submitted and processed claims, as well as your payment statements in “My Claims”.
- View communications, administrative documents, audit requests, inquiries or confirmations, re-enrollment requests, annual summaries in “My Inbox”, and reply to certain documents, including administrative documents (e.g., Health Declarations or excess amount requests), and claim-related documents for validation.
- Change your banking, personal and dependents’ information in “My File”.


As indicated in the terms and conditions related to the online claims, please keep the original receipts for at least 12 months from the date you submit your claim.

Furthermore, in the event your insurance certificate is terminated, please note that you will be able to submit claims online for 90 days following the termination date and consult your file online for an indefinite period.


**AGA**
BENEFIT
SOLUTIONS
AN EMPLOYEE BENEFITS COMPANY


MY ACCOUNTMY CLAIMSSUBMIT A CLAIMCOMPARE DRUG COSTSMY GROUP INSURANCEMY FILEMY INBOXFAQCONTACT US


[← BACK](#)


 **MY GROUP INSURANCE**


Group No. : **2373**
Certificate No. : **PALMRI001**



WALLET
CARD


TRAVEL
CARD


CERTIFICATE


MY PLAN

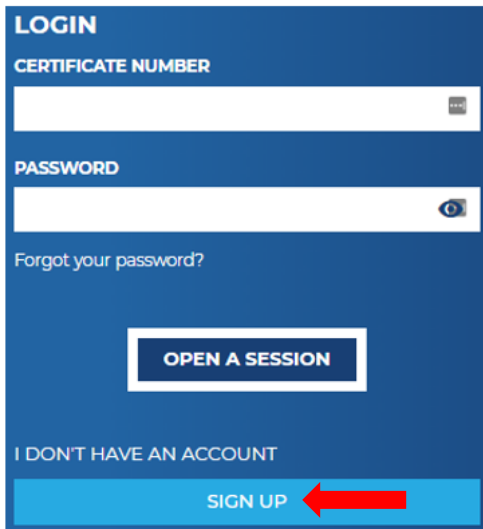

GUIDES AND FORMS


REASONABLE AND
CUSTOMARY FEES

SHARE YOUR EXPERIENCE
★ ★ ★ ★ ★

How to register

- Please make sure to have your Certificate Number (XXXXXX000) and your Group Number (XXXX) ready.
- To access the Portal, log in to **our secure site** [AGA - Plan Members Portal](#) (app not available). You can use the Welcome Email you received when you enrolled in the group insurance plan or go to our website www.aga.ca.
- Click on the “Sign up” button and follow the next steps.



LOGIN

CERTIFICATE NUMBER

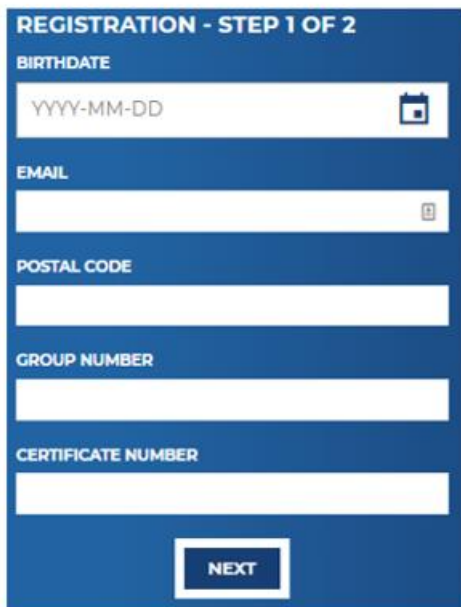
PASSWORD

[Forgot your password?](#)

OPEN A SESSION

I DON'T HAVE AN ACCOUNT

SIGN UP ←



REGISTRATION - STEP 1 OF 2

BIRTHDATE

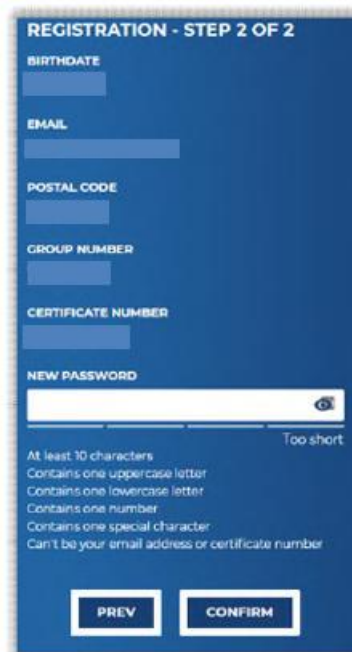
EMAIL

POSTAL CODE

GROUP NUMBER

CERTIFICATE NUMBER

NEXT



REGISTRATION - STEP 2 OF 2

BIRTHDATE

EMAIL

POSTAL CODE

GROUP NUMBER

CERTIFICATE NUMBER

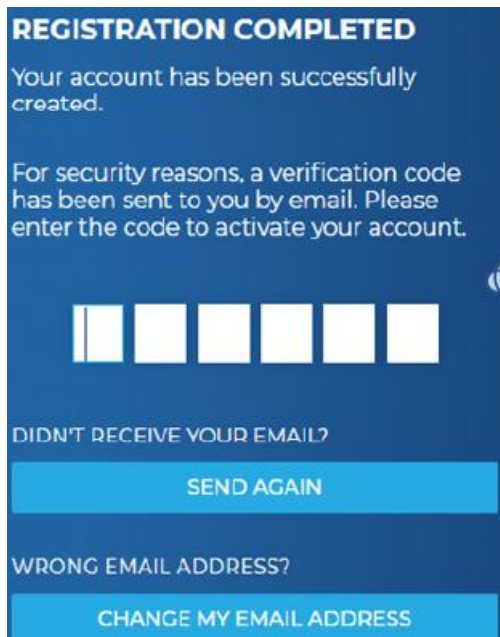
NEW PASSWORD

At least 10 characters
Contains one uppercase letter
Contains one lowercase letter
Contains one number
Contains one special character
Can't be your email address or certificate number

Too short

PREV **CONFIRM**

- **IMPORTANT!** To avoid losing the data you've entered, do not close the Portal activation page when you go to your email to retrieve the verification code.

A screenshot of a web portal registration completion screen. The background is dark blue. At the top, the text "REGISTRATION COMPLETED" is in white. Below it, in a lighter blue font, is "Your account has been successfully created." Further down, another line of lighter blue text says "For security reasons, a verification code has been sent to you by email. Please enter the code to activate your account." Below this text is a row of six white rectangular input boxes for a verification code. At the bottom of the screen, there are two options: "DIDN'T RECEIVE YOUR EMAIL?" followed by a light blue button labeled "SEND AGAIN", and "WRONG EMAIL ADDRESS?" followed by a light blue button labeled "CHANGE MY EMAIL ADDRESS".

REGISTRATION COMPLETED

Your account has been successfully created.

For security reasons, a verification code has been sent to you by email. Please enter the code to activate your account.

□ □ □ □ □ □

DIDN'T RECEIVE YOUR EMAIL?

SEND AGAIN

WRONG EMAIL ADDRESS?

CHANGE MY EMAIL ADDRESS

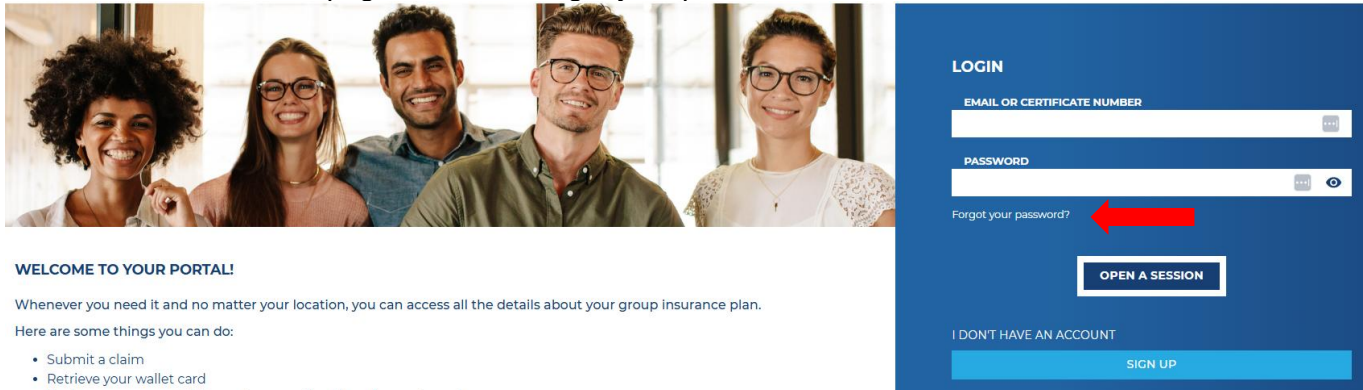
Once the code is validated, the system will confirm your registration.

If you need assistance or have any questions, contact us by email at service.client@aga.ca or call 1 800 363-6217, Monday to Friday, from 8:30 AM to 8:00 PM.

Forgotten password

Here are the steps to reset your password:

- On the homepage, click on “Forgot your password?”:



- In the pop-up window, enter the email address associated with your account and your date of birth, and click on the “Next” button:

This is a pop-up window titled 'LET'S MAKE SURE IT'S REALLY YOU!'. It asks the user to 'Please enter the email associated with your account and your date of birth.' There are two input fields: 'EMAIL' and 'BIRTHDATE' (with a placeholder 'YYYY-MM-DD' and a calendar icon). Below the fields is a 'NEXT' button with a red arrow pointing to it. At the bottom, there is a link 'I REMEMBER MY PASSWORD' and a button 'OPEN A SESSION'.

- Choose how you want to receive the one-time verification code, either by email or text and then click on the “Confirm” button:

This is the 'PASSWORD RESET' form. It states: 'To confirm your identity, we will send you a one-time verification code, valid for 10 minutes.' It then asks to 'Choose the method for receiving the verification code:' with two radio buttons: 'Email' (selected) and 'Text message* (cell phone)'. A small asterisk note says: '*Receiving the verification code via text message is free. However, charges may apply based on your agreement with your service provider.' Below this is a text input field for the phone number with the label 'Your one-time security code will be sent to:'. At the bottom is a 'CONFIRM' button with a red arrow pointing to it.

- Type the one-time verification code on the space provided:

PASSWORD RESET
To keep your account safe, we have sent you a verification code via text message. Please use the code to confirm your identity.

□ □ □ □ □ □

YOU HAVE NOT RECEIVED YOUR CODE BY TEXT MESSAGE.?

SEND AGAIN

- Reset your password as per the instructions provided and then click on the “Reset” button:

PASSWORD RESET

NEW PASSWORD

At least 12 characters
Contains one uppercase letter
Contains one lowercase letter
Contains one number
Contains one special character
Can't be your email address or certificate number
Password Confirmation

* Please note that you can't use your current password.

PASSWORD CONFIRMATION

RESET

I REMEMBER MY PASSWORD

OPEN A SESSION

- The following message will confirm that the password has been reset successfully.

PASSWORD RESET
Your password has been successfully reset.

YOU CAN NOW OPEN A SESSION

OPEN A SESSION

NOTE: The two-step authentication via text message also applies to account registration and activation.

HOW TO REGISTER TO DIRECT DEPOSIT

Register to the most convenient, reliable, and safe way for your claims to be paid directly into your bank account.

Online

You can register for direct deposit through your Members Portal.

- Once logged into the portal, click on “My File”, then on “Banking Information”:

The screenshot shows the AGA Financial Group Inc. Members Portal. At the top, there is a navigation bar with links: MY ACCOUNT, MY CLAIMS, SUBMIT A CLAIM, COMPARE DRUG COSTS, MY GROUP INSURANCE, MY FILE, and CONTACT US. A red arrow points to the 'MY FILE' link. Below the navigation bar, there is a dark blue header with a 'BACK' button and a 'MY FILE' button. Under 'MY FILE', there are three expandable sections: PERSONAL INFORMATION, BANKING INFORMATION (highlighted with a red arrow), and INSURED LIST. To the right of these sections, there is a 'SHARE YOUR EXPERIENCE' section with five stars.

- Type in the banking details requested and click on the “Save” button.

By mail

You can also register to direct deposit by filling out the “Request for reimbursement” slip, or using the [“Health Insurance Claim”](#) form or [“Standard Dental Claim Form”](#), and enclosing a void cheque.

The form is titled "REQUEST FOR REIMBURSEMENT". It contains the following fields and sections:

- Group number:** 2337
- Insured number:** MOINLU001
- Change of address:** 800 / 1
- Address:** MS LUCIE MOINEAU, 1234, RUE DES OISEAUX, OISEAUVILLE QC J8J 8J8
- City:**
- Province:**
- Postal code:**
- Insured:** Lucie Moineau, F, 1980.01.01
- Spouse:** Luc Moineau, M, 1970.01.01
- Child(ren):**
- Dependents insured with another group plan?** No ☐ Yes ☐
- Expenses due to a work related accident?** No ☐ Yes ☐
- Submit expenses not covered to my Health Spending Account/Cost-Plus?** No ☐ Yes ☐
- Submit any amount not reimbursed to my Health Spending Account/Cost-Plus?** No ☐ Yes ☐
- COMPLETE REVERSE SIDE car accident?** No ☐ Yes ☐
- YES, I would like to receive my claims reimbursements directly into my bank account. You must attach a "VOID" cheque.** (This section is highlighted with a red box)
- IMPORTANT:** Complete this coupon and attach to your receipts. Send original receipts only (or originals marked "copy 1"). Receipts will not be returned.
- AGA Financial Group Inc.** 3500 De Maisonneuve Blvd W., suite 2200, WESTMOUNT QC H3Z 3C1
- Employee's signature:**
- Date:**

ELIGIBILITY AND PARTICIPATION

Enrolment

Most group insurance plans include a mandatory participation clause. In Quebec, anyone under the age of 65 who has access to a group plan is required to enrol. However, if you are covered by another group plan or insured under your spouse's group plan, you may be eligible for exemption. Please note that only health and dental benefits can be waived; all other benefits included in the plan are mandatory. Proof of alternate coverage must be provided to your employer.

Health and Dental Benefits Waiver

Request an exemption by completing the "[Notice of Change in Coverage](#)" form, available from your employer. Once filled out, please return the original form to your employer.

Dependent Life Insurance

When included in your plan, this benefit may be mandatory by certain insurance carriers if you have a spouse or eligible children. Therefore, it is important to provide the personal information of your dependents on the "[Enrolment Form](#)" even though you have chosen an "individual" or an "exemption" plan.

Dependents

When enrolling in the group insurance plan offered by your employer, you are responsible for registering all eligible dependents unless they are already covered under another insurance group plan. You are also responsible for notifying your employer to remove any dependents from the plan as soon as they are no longer eligible.

Please note that your dependents cannot be insured under the Quebec public prescription drug insurance plan if you are covered by your employer's group, except for a spouse aged 65 or older.

A dependent child includes your natural, adopted or stepchild, who is unmarried, not employed full-time (unless they are a full-time student), and not eligible for insurance as an employee under this or any other group benefit plan. The child must be under the age of 21, or under the age of 25 if enrolled full-time in a recognized educational institution (up to the age of 26 in Quebec). Children who are incapacitated on the date coverage would normally end due to age, but they may continue to qualify as an eligible dependent, provided the incapacitation persists.

Confirmation of full-time student status

You must confirm the full-time student status of your dependent child once they turn **21**, even if their birthday falls during the school year. Fill out the appropriate section on the back of the "Request for reimbursement" slip or update the information directly through the Members Portal. Call our Customer Care Team (except for Humania).

For Humania, an official confirmation letter issued from the school administration, a copy of the tuition fees invoice or the student's detailed timetable is required.

Full-time student status must be reconfirmed **annually before September 1st**. Additionally, you are responsible for informing us as soon as your child stops attending school or is no longer considered a dependent.

Change of information to your file

To request a change in coverage following an eligible life event, please fill out the "[Notice of Change in Coverage](#)" form which you can get from your employer. Once completed, the original will have to be handed back to your employer.

To ensure your request is processed promptly, please submit any change request within **31 days** following the effective date of the change. Otherwise, the insurer may require you to complete a Health Declaration.

We do recommend you keep a copy of the completed form in your personal file.

Beneficiary (ies)

It is essential that you designate one or more beneficiaries in the appropriate section of the "[Enrolment Form](#)". If no designation is made, any death benefit will be paid to the legal heirs.

You may choose to name your beneficiaries as either **revocable** or **irrevocable**.

- **Revocable:** you will be able to request for a change without having to inform the beneficiary.
- **Irrevocable:** you will have to get written consent from the beneficiary before you can make any change to the beneficiary.

Important for Quebec residents

If you designate your spouse (married or in a civil union) as your beneficiary, the designation is considered irrevocable by default unless stated otherwise.

Please note that appointing a trustee as a beneficiary may involve legal complexities. We recommend consulting a legal advisor if you are considering this option.

INSURANCE BOOKLET

To determine whether a service or equipment is eligible under your group plan, please review your Group Insurance Booklet. It explains in detail all the benefits you and your eligible dependents are covered for. Your employer will hand it over to you within the first weeks following the effective date of the group plan.

Once it is in your hands, we recommend you get familiar with it as soon as you can. For any questions regarding your insurance group plan, please do not hesitate to contact us by phone or email at service.client@aga.ca.

INSURANCE CERTIFICATE

The insurance certificate indicates the volumes for which you are insured as well as your choice of options (provided your plan offers any). It is available on the Members Portal in the “My Group Insurance” section.

FORMS

All our forms are available online on our website in the “Member’s Guide, Contact Details and Forms” section: [Members - Guides & Forms](#) or [Administrators - Forms](#).

Administrative forms



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BENEFICIARY DESIGNATION

This form must be submitted to the person in charge of your plan

ADMINISTRATIVE INFORMATION



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SOLUTIONS

CHANGE OF BENEFICIARY


This form must be submitted to the person in charge of your plan

ADMINISTRATIVE INFORMATION

A copy of the “[Beneficiary Designation](#)” and “[Change of Beneficiary](#)” forms can be submitted to us. However, the original or a scanned copy must be saved in your records.



LIFE INSURANCE CONVERSION PRIVILEGE AND/OR OTHER BENEFITS FOLLOWING TERMINATION

 **Important: Forward this form to AGA within 5 business days before the end of the 31-day period following termination.**

INFORMATION ABOUT THE MEMBER

You may convert your group life insurance or other eligible coverage into an individual policy. Please ask your employer for the form titled “[Life Insurance Conversion Privilege and/or other Benefits following Termination](#)” and refer to your Group Insurance Booklet for more details or contact us.



NOTICE OF CHANGE IN COVERAGE

All changes in employee status must be submitted within 31 days from the date of the event, if not, proof of insurability may be requested by the insurer

ADMINISTRATIVE INFORMATION

The “[Notice of Change in Coverage](#)” form must be completed if you wish to change your plan coverage following an eligible life event.

Evidence of Insurability or Health Declaration

These forms are required when an employee becomes eligible to excess amounts of coverage, is a late applicant, or requests for optional life insurance (provided it is offered under your group plan). If so, you will receive an explanatory letter from AGA and the appropriate form enclosed.

Disability Insurance forms

All forms related to a request for disability benefits, including the forms issued by your insurer, are available on our website in the “Member’s Guide, Contact Details and Forms” section: [Members - Guides & Forms](#).

Health and Dental Claim forms



Submit your claims online:
<https://adherents.aga.ca/en>

HEALTH INSURANCE CLAIM

3500 de Maisonneuve Blvd West, Suite 2200
Westmount QC H3Z 3C1

The “[Health Insurance Claim](#)” form may be used in replacement of the “Request for reimbursement” slip. The duly completed form must be sent by regular mail along with the **original receipts**. The original receipts are never sent back. Please note that the TELUS Assure direct payment must be used whenever you buy drugs at the pharmacy.



Submit your claims online:
<https://adherents.aga.ca/en>

STANDARD DENTAL CLAIM FORM

3500 de Maisonneuve Blvd West, Suite 2200
Westmount QC H3Z 3C1

The TELUS Assure direct payment service must also be used to claim any dental care. However, if for any reason a claim should be sent manually, the “[Standard Dental Claim Form](#)” will have to be completed and submitted through the Members Portal or sent by regular mail.

Should you have to send the claim by mail, please note that we also accept the “Standard Insurance Claim” form issued by your dentist provided the same information required on our form can be found.

HEALTH AND DENTAL CARE

Before you submit a request for reimbursement

Assignment of benefits

The reimbursement is at all times issued in your name (the primary insured), in exception for dental care or hospital bills, which we can reimburse directly to the dentist or the hospital in exchange for the assignment of benefits signed by the insured, generally found right on the standard dental claim form issued by your dentist or the claim form issued by the hospital.

Health Spending Account (HSA)

The Health Spending Account is an account in which the employer funds an annual allocation often depending on the type of protection chosen and is set up for the group plan member to claim any health or dental care not covered under the group plan and supplement the basic coverage.

In addition to the expenses related to the deductible and coinsurance, eligible expenses must qualify under the Income Tax Act, hence the importance to provide at all times a **detailed receipt** when submitting a request for reimbursement. For dental care the standard claim form including procedure codes must be provided.

Please consult the following links for any additional information:

- [Revenu Québec- Medical Expenses](#)
- [Government of Canada — Canada Revenue Agency — Medical Expenses](#)

All claims related to the Health Spending Account may be sent by regular mail or through the Members Portal. Take advantage of the portal and verify the balance of your HSA under “My Plan”.

Coordination of benefits

Coordination of benefits occurs when a claim involves more than one group insurance plan. All requests for reimbursement with the coordination of benefits require a copy of the claims summary issued by the other insurance carrier as well as copies of the receipts.

As for dental care, we need to receive the following documents:

- The claim summary issued by the first insurance carrier.
- A copy of the standard insurance claim form submitted to the first insurance carrier indicating the procedure codes.
- The AGA Dental claim form duly signed that indicates whether the claim needs to be paid to you or your dentist.

Timeline for submitting a claim for reimbursement

We kindly ask you to consult your Group Insurance Booklet in order to determine the timeline allowed to submit claims at the end of a calendar year (January 1st to December 31st) or following the date the expenses were incurred.

In the event of a change of insurer or a termination of the policy, you will have 90 days to submit a claim for reimbursement, except for the insurer Canada Life for whom the timeline is 15 months following the date of service, and Desjardins Financial Security for whom the timeline is 12 months following the date of service.

Medical recommendation

If according to the terms of your group plan, the reimbursement of medical care requires a medical recommendation, please note that a medical recommendation is valid for a period of **12 months** following the issuing date and must indicate your **medical condition** (diagnosis).

Original receipts

Please make sure you mail the **original receipts** with your request for reimbursement. We recommend you keep copies as the originals will not be sent back to you. In addition, all expenses you request reimbursement for must without exception be paid **in full** (no outstanding balance) and this needs to be clear on the receipt.

Submitting a request for reimbursement

You can submit your request for reimbursement by mail or via the Members Portal. Pharmacists, dentists and healthcare professionals (e.g., massage therapists, physiotherapists, etc.) registered for online payment (e-Claims) can submit claims electronically. Requests for reimbursement sent by email or fax will not be accepted.

TELUS Assure

TELUS Assure is an electronic claim transmission service that eliminates the inconvenience of completing and mailing forms, as well as issues with forgotten or lost invoices. Moreover, this service ensures the confidentiality of claims. You are only required to pay the pharmacist, dentist or healthcare professional for the portion not covered by your plan (deductible, co-payment, coinsurance portion, generic substitution). The pharmacist, dentist or healthcare professional must use the **Assure ID Number** on your wallet card:



If dental expenses are due to an **accident**, it is important to mention it to your dentist as these expenses must be processed under the “Dental Accident” benefit (if provided under your plan).

Moreover, eligible **medication** may require a **pre-authorization** or authorization on a regular basis in order to be payable.

If the transmission is not successful, the health professional needs to make sure in the first place that they use the correct date of birth of the claiming member, the correct relationship (with the primary insured) code and the right Assure identification number (see above).

Online claim submission

Claiming online is fast and easy!

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AN EMPLOYEE BENEFITS COMPANY

MY ACCOUNT MY CLAIMS SUBMIT A CLAIM COMPARE MY GROUP INSURANCE MY FILE MY INBOX FAQ CONTACT US

MY ACCOUNT

Group No.: 2373
Certificate No.: PALMRI001

LAST PROCESSED CLAIMS

JUNE 18TH 2025	
Submitted	Paid
\$51.00	\$51.00

JUNE 10TH 2025	
Submitted	Paid
\$48.00	\$20.03

LIST OF CLAIMS

MY CLAIMS SUBMIT A CLAIM COMPARE DRUG COSTS MY GROUP INSURANCE MY FILE MY INBOX FAQ

SHARE YOUR EXPERIENCE

ARE YOU A GOOD CONSUMER WHEN IT COMES TO MEDICATION? Watch the video

NEW AGA PROVIDES YOU WITH EXCLUSIVE BENEFITS Start benefiting now

- Click on the “Submit a Claim” menu or on the “Submit a Claim” tile under “My Account” and complete the requested information according to the claim being made.
- Attach all the necessary receipts and forms before submitting your claim. You can submit multiple claims at the same time.

The portal will indicate how long it will take to process your request.

Request by mail

Please **fill out** the “Request for reimbursement” slip you can detach off your certificate and enclose the **original receipts**.

1

REQUEST FOR REIMBURSEMENT

Please complete the reverse side if fees are for a student child

Group number: **2337** Insured number: **MOINLU001**

Change of address: 800 / 1

Address: _____
 City: _____
 Province: _____ Postal code: _____

3

MS LUCIE MOINEAU
1234, RUE DES OISEAUX
OISEAUVILLE QC J8J 8J8

4

IMPORTANT
 Complete this coupon and attach to your receipts.
 Send original receipts only (or originals marked "copy 1").
 Receipts will not be returned.
 AGA Financial Group Inc.
 3500 De Maisonneuve Blvd W., suite 2200, WESTMOUNT QC H3Z 3C1

Insured: **Lucie Moineau** **F** **1980.01.01**
 Spouse: **Luc Moineau** **M** **1970.01.01**
 Child(ren): _____

Dependents insured with another group plan? No ☐ Yes ☐
 Expenses due to a work related accident? No ☐ Yes ☐

Submit expenses not covered to my Health Spending Account/Cost-Plus? No ☐ Yes ☐
 Submit any amount not reimbursed to my Health Spending Account/Cost-Plus? No ☐ Yes ☐

☐ **YES, I would like to receive my claims reimbursements directly into my bank account. You must attach a "VOID" cheque.**

I authorize health professionals or organisms concerned to communicate, with AGA Financial Group Inc. or the insurer, any information relating to the present request for reimbursement.

2

COMPLETE REVERSE SIDE
 car accident? No ☐ Yes ☐

5

Employee's signature: _____ Date: _____

- 1** Select the name of the claiming member
- 2** Answer all 5 questions.
- 3** Write down your new address if it has changed.
- 4** If you have not yet registered to direct deposit, you can do so by selecting the appropriate box (and enclose a void cheque).
- 5** Sign in the designated space.

If you no longer have the slip, you can also use the [“Health Insurance Claim”](#) form or the [“Standard Dental Claim Form”](#) available online on our website.

To confirm a dependent child **full-time student status** or the coordination of benefits, please fill out the back of the “Request for Reimbursement”.

À REMPLIR SI VOS PERSONNES À CHARGE SONT ASSURÉES PAR UN AUTRE RÉGIME D'ASSURANCE		TO COMPLETE IF YOUR DEPENDENTS ARE COVERED UNDER ANOTHER GROUP INSURANCE PLAN	
Nom(s) des personnes à charge assurées(s) _____		Dependents name(s) _____	
Date de mise en vigueur de la protection _____		Effective date of coverage _____	
Protections: <input type="checkbox"/> Soins de santé → <input type="checkbox"/> Soins dentaires → <input type="checkbox"/> Individuelle <input type="checkbox"/> Familiale <input type="checkbox"/> Monoparentale <input type="checkbox"/> Couple <input type="checkbox"/> Individuelle <input type="checkbox"/> Familiale <input type="checkbox"/> Monoparentale <input type="checkbox"/> Couple		Coverage: <input type="checkbox"/> Health care → <input type="checkbox"/> Dental care <input type="checkbox"/> Single <input type="checkbox"/> Family <input type="checkbox"/> Single parent <input type="checkbox"/> Couple <input type="checkbox"/> Single <input type="checkbox"/> Family <input type="checkbox"/> Single parent <input type="checkbox"/> Couple	
Si l'un d'un enfant, veuillez indiquer les détails suivants: <input type="checkbox"/> Protection par le régime du conjoint actuel <input type="checkbox"/> Protection par le régime d'une institution scolaire <input type="checkbox"/> ... incluant médicaments <input type="checkbox"/> excluant médicaments Si les parents sont séparés, divorcés ou ne vivent pas conjointement: <input type="checkbox"/> Protection par le régime de l'autre parent <input type="checkbox"/> Protection par le régime du conjoint de l'autre parent <input type="checkbox"/> Protection par le régime de l'autre parent et du conjoint de l'autre parent		If this is a child, please complete the following details: <input type="checkbox"/> Coverage by the plan of current spouse <input type="checkbox"/> Coverage by the plan of an educational institution → <input type="checkbox"/> including drug coverage <input type="checkbox"/> excluding drug coverage If the parents are separated, divorced or not living together: <input type="checkbox"/> Coverage by the plan of the other parent <input type="checkbox"/> Coverage by the plan of the spouse of the other parent <input type="checkbox"/> Coverage by the plan of the other parent and the spouse of the other parent	
Avez-vous une garde exclusive? <input type="checkbox"/> ou l'autre parent a-t-il une garde exclusive? <input type="checkbox"/> ou avez-vous une garde partagée? <input type="checkbox"/> Si vous avez une garde partagée, veuillez inscrire la date de naissance de l'autre parent (AAAA/MM/JJ): _____		Are you the sole custodial parent? <input type="checkbox"/> or does the other parent have sole custody? <input type="checkbox"/> or do you have shared custody? <input type="checkbox"/> If you share custody, please indicate the other parent's date of birth: (YYYY/MM/DD): _____	

CONFIRMATION DE STATUT ÉTUDIANT (pour votre enfant à charge célibataire de 21 ans et plus, aux études à temps plein)		CONFIRMATION OF STUDENT STATUS (for your dependent child aged 21 or more, single and full-time student)	
Nom de l'enfant (doit être célibataire) _____		Name of the child (child has to be single) _____	
Date de naissance _____		Date of birth _____	
Nom de l'institution scolaire fréquentée _____		Name of the school, college or university _____	
<input type="checkbox"/> Étudiant à temps plein <input type="checkbox"/> Étudiant à temps partiel		<input type="checkbox"/> Full-time student <input type="checkbox"/> Part-time student	
Session: <input type="checkbox"/> Automne (septembre) <input type="checkbox"/> Hiver (janvier)		Semester: <input type="checkbox"/> Autumn (September) <input type="checkbox"/> Winter (January)	

If you submit several claims at once, all **receipts** may be sent in the same envelope with only one “Request for Reimbursement” slip for all claims.

Response to your request for reimbursement

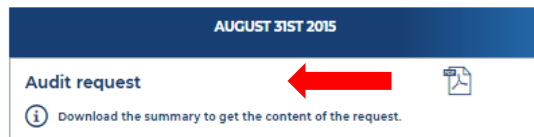
Processing delays

A claim summary is issued and mailed to you once your claim is processed, unless you are registered for direct deposit, in which case the summary is deposited on “My Claims”. An email will be sent to you to notify you that a claim summary is now available. Please note that any claim summary related to a **payment issued to a third party**, such as a hospital or a dentist, is deposited on the portal, even if you are not registered for direct deposit.

You can consult and **download your claim summary** online at any time, except for drugs purchased using the TELUS Assure direct payment service for which you need to keep the receipt issued by the pharmacy.

Claims Summary

If no claim summary is issued in the Members Portal following an online claim submission, you need to consult “My Claims”.



Your claim may have been selected randomly or based on certain audit criteria for verification purposes. In this case, additional information or original receipts will be required.

You will receive an email informing you that a document (or form) has been filed in “My Claims” and identified as “Audit request”. It is very important to return the requested information or original receipts along with a copy of the document or form (write the claim confirmation number of the on the “Request for Reimbursement” coupon or other document attached to the coupon), this will allow your request to be processed on a priority basis.

If the requested documents are not received by AGA within 30 days, your right to submit claims online will be suspended. If you do not comply with our request, this right may be permanently revoked.

If no claim summary nor document or form has been issued in “My Claims”, please contact our Customer Care Team by phone or email at service.client@aga.ca.

For tax deduction purposes, an “Annual Summary” document will be deposited on the Members Portal in early January of each year under “My Claims”.

This document confirms the total amounts submitted and reimbursed for all insured persons under the certificate. This will provide you with easy access to the portion of medical expenses not reimbursed, if any.

Claims Summary Overview

CLAIMS SUMMARY		Administered by: AGA FINANCIAL GROUP INC. 3500 De Maisonneuve Blvd W., Suite 2200 WESTMOUNT QC H3Z 3C1 Tel.: (514) 935-5444 / 1 800 363-6217 Members portal: https://adherents.gfaga.com					
Group no.:	1234	Division name:	DEFG INC				
Insured no.:	ABCDEF001	Insured name:	Effel ABCD				
Description of service	Amount submitted	Amount payable	Deductible	Co-ins. %	Amount paid	*	
Lea : spouse 2015-12-20 Chiropract (Podiatrist)	100.00	0.00	0.00	0.0	0.00	001	
TOTAL	100.00	0.00	0.00		0.00		

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* Notes

001 You are not covered for chiropract (podiatrist) expenses.

The amount of the reimbursement is less than you expected?
Read the **notes** indicated at the bottom of the claims summary.
If you have any questions, do not hesitate to contact our Customer Care Team.

Cheque not received

In the event your reimbursement cheque is late, please note that we reissue cheques generally after a delay of at least 10 business days following the issuing date, considering Canada Post delays may sometimes be longer than usual.

ADDITIONAL INFORMATION ABOUT YOUR BENEFITS

Travel insurance

Your healthcare benefit covers eligible expenses for medical treatment required as a result of a sudden, unexpected injury or illness while you were out of your province of residence. Assistance is available to you and your dependents, if applicable, 24 hours a day, seven days a week.

It is important that you bring your travel insurance card (wallet format) with you. The format may vary depending on the insurer in place: a laminated card or a sticker applied to the back of the wallet card. The travel insurance card can also be downloaded online under “My Group Insurance”.

AGA BENEFIT SOLUTIONS
AN EMPLOYEE BENEFITS COMPANY

MY ACCOUNT MY CLAIMS SUBMIT A CLAIM COMPARE DRUG COSTS MY GROUP INSURANCE **FAQ** CONTACT US

BACK

MY GROUP INSURANCE

Group No.: 2373
Certificate No.: PALMRI001

WALLET CARD TRAVEL CARD **CERTIFICATE** MY PLAN GUIDES AND FORMS

REASONABLE AND CUSTOMARY FEES

Travel Assistance card

In a medical emergency, you can reach the Travel Assistance service anytime, from anywhere:

Canada or United States	1-844-287-1678 (toll-free)
Otherwise, call us collect, from any other country	514-875-0687

For all other questions, please contact AGA Benefit Solutions

- 514-935-5444
- Toll-free 1-800-363-6217
- service.client@aga.ca

Under the same section, you can also download your travel insurance confirmation:

TRAVEL INSURANCE CONFIRMATION

- Access your travel insurance confirmation **←**
- Share your travel insurance confirmation

If you need to call the travel assistance during your stay abroad, you will have to specify your group number and the primary insured name, and mention that your group is administered by AGA Benefit Solutions.

Moreover, it is important to know that most insurance carriers have a clause within the contract that forces the plan member to contact the travel assistance service as soon as an injury, illness or accident occurs. You will at the same time obtain a pre-authorization from the travel assistance before you engage any health expenses. If you fail to meet this requirement, you could have the reimbursement of some expenses reduced or denied.



Did you know that the length of your stay must not exceed the limit of coverage provided under your plan, or else that a period of stability is required before departure for any health issues?

To answer any questions you have before departure, please contact the AGA Customer Care Team and not the insurer.

Laboratory tests

Laboratory fees, if provided under your group plan, are generally eligible for reimbursement if they are administered upon the recommendation of your treating physician and with the purpose of determining a **diagnosis**.

Podiatric orthosis and orthopaedic shoes

Some group plans only cover custom-made orthopaedic shoes, in other words, specifically made for one single person using a casting technique. When claiming such item, a medical recommendation must be provided, including the diagnosis, and the receipt will have to specify that the shoes are custom-made. Additional information may be required. Other group plans may also cover stock-item orthopaedic shoes (and/or in-depth shoes). It is important to note that for these to be eligible, these shoes often must have sustained permanent alterations in order to alleviate the deformities of the foot. A list of the alterations performed on the stock-item or in-depth shoe may be required. In addition, all shoes must be manufactured and delivered by laboratories holding a valid permit under the Public Health Protection Act.

For podiatric orthotics, additional documents such as a copy of the results of the biomechanical examination and gait analysis as well as a description of the casting technique and materials used will be required. If you have any questions, please do not hesitate to contact our Customer Care Team.

Reimbursement request

If you are requested to refund a reimbursement, due for example, to expenses incurred after the termination date of your insurance and you were reimbursed for, please note that a cheque in the amount requested and made payable to AGA Financial Group "In trust" will have to be mailed to us in a timely manner.

It is also possible to send in your reimbursement by **Interac transfer**. If you choose to do so, the answer to the security question you will be asked to pick must be "ORANGE".

Ultrasound

Although your group plan may include reimbursements for ultrasounds, please note that certain types may not be covered such as those prescribed in the event of pregnancy, or those rendered by radiologists in Quebec. Please contact our Customer Care Team for more details.

Exclusions

Some services and furniture are not eligible for reimbursement such as medical care of cosmetic nature or else that were not administered with the purpose of treating an **illness** or a **medical condition**.

Acting as the administrator of your group plan, our purpose is to make sure of the relevance and eligibility of all claims, and therefore additional information may be requested.

Usual and reasonable fees

Please note that only fees deemed usual and reasonable considering the type of healthcare claimed will be reimbursed. It is then possible that the payable amount of your claim is less than the amount submitted.

Doctors' fees

The fees of health professionals that may be charged in order to obtain medical information related to a request for reimbursement (or a request for disability benefits) are not reimbursable, unless stated otherwise in your Group Insurance Booklet.

Pre-authorization

If the global cost of the health or dental care is over **\$500**, it is strongly recommended to submit a detailed pre-authorization before you begin the treatment, including the type of service to be administered, the schedule dates and the amounts charged for each service.

The pre-authorization may be sent through the portal or by email at service.client@aga.ca. Please make sure you have answered all questions on the standard insurance claim form or the "Request for reimbursement" slip to be enclosed with the pre-authorization.

Get a faster response to your pre-authorization!

Ask your dentist to submit the pre-authorization electronically using the identification number on your TELUS Assure card.

If you refrain from providing in advance a pre-authorization including an estimation of the expenses and fees, you may get a reimbursement that is less than what you expect, or else, if the services are not eligible for reimbursement, you may have to pay the entire amount. You will be notified of the services eligibility according to the provisions of your plan. The results of the pre-authorization will be valid for up to **6 months** (unless a change of insurer occurs).

Proof of payment

We may ask you to provide a proof of payment to ensure the amount claimed was fully paid. We suggest you use a payment method other than cash, so you are able to provide upon request a valid proof of payment such as a credit or debit card receipt or, in the case of a payment by cheque, a bank statement indicating the name of the professional to whom the cheque was issued.

Health professionals' services

In regard to services rendered by health professionals, provide a receipt on which are indicated the therapist's complete details including their full name, the name of their association, their permit number, the address of the clinic or place where they practise, and details of the service rendered. Insurers also require the health professional be a valid member of an association recognized either by the government or based on the insurer's own criteria. A therapist claiming membership in an association does not mean their services are eligible for reimbursement. Confirm in advance with the therapist whether they are a valid member in order to avoid a denied reimbursement.

Generic substitution

Generic substitution means that the cost of a generic medication will be reimbursed to the plan member, even if they choose to purchase the original medication. Generic medications are chemically identical to their brand-name counterparts. Choosing generics over brand-name drugs help reduce costs for all parties, without compromising treatment effectiveness. Pharmacists are authorized to substitute brand-name drugs with generic equivalents.

Refer to the article: [Generic Substitution: Can You Afford to Do Without It?](#)

Ambulance fees

In order to claim any expense related to ambulance transport, make sure you send in the "Transport Declaration" issued by the ambulance services clearly indicating the date of service, the mileage, the name of the member who used the service, the cost of the service, the pick-up and drop-off location. Please note the reimbursement will be in the name of the primary insured.

Claims verification

As the administrator of your group plan, we reserve the right to verify the accuracy of the information provided in support of your reimbursement request. Please submit original receipts and all required supporting documents within 30 days of the date they were requested. Your ability to submit further claims online will be temporarily suspended during this period. If the required documentation is not received within 30 days, your reimbursement request will be denied and your online access may be permanently revoked, after which all future claims will need to be submitted by paper health claim forms.

DISABILITY INSURANCE

Under the Weekly Indemnity (WI) and/or Long-Term Disability (LTD) benefits, a disability benefit may be payable to a plan member who is unable to perform their job due to a total disability. For complete details, please refer to your Group Insurance Booklet.

Please note that submitting a claim for disability benefits does not guarantee entitlement to those benefits. Your application will be reviewed, and eligibility will be determined based on the outcome of that assessment.

Submitting a request

All disability insurance claims (weekly indemnity and long-term disability) include a statement from the insured and the employer as well as a doctor's report, and must be sent by email to disability.administration@aga.ca, and not directly to the insurer.

All forms, including those of the insurers, are available on our website in the "Member's Guide, Contact Details and Forms" section: [Members—Guides & Forms](#).

When claiming long-term disability, please note that specific documents must be provided in addition to duly completed claim forms.
Please consult our website for more details.

It is **mandatory** for your treating physician to fill out the doctor report. Any initial disability claim cannot be assessed with a medical certificate alone. We recommend you keep a copy of all documents submitted as part of your application for disability benefits in your file.

Long-term disability

If you are not insured for weekly indemnity (WI) benefit, you will normally have to apply to Employment Insurance Sickness Benefits.

You will be eligible to long-term disability following the waiting period provided under your plan. We recommend you apply for long-term disability benefits 4 to 6 weeks before the end of the waiting period.

Response to your request

All claims are assessed **by the insurer**. Since processing time varies from one insurer to another and from one period of the year to another, it is impossible for us to provide a precise time frame. However, you will receive a decision letter from the insurer. For any follow-up on your application, we invite you to contact our Customer Care Team or your insurer directly.

CONTACT US

Our Customer Care Team is available to assist you Monday through Friday, between 8:30 a.m. and 8 p.m. to better meet your needs.

Please have your certificate number ready. You can find it on your insurance certificate, your wallet card or your reimbursement request slip.

Phone numbers

Montréal: 514-935-5444

Quebec: 418-683-8823

Toll-free: 1-800-363-6217

Email

service.client@aga.ca

Mailing address

3500, de Maisonneuve blvd West, suite 2200

Montréal, QC H3Z 3C1

www.aga.ca