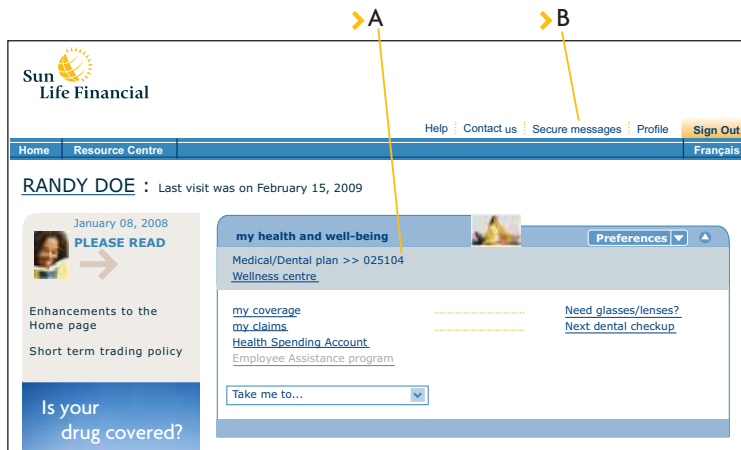


# Do more, see more ...online

Some people say the best service you can get from anywhere is self-service. That's why Sun Life Financial created an industry-leading and award-winning website for plan members. Just visit [www.mysunlife.ca](http://www.mysunlife.ca) to take advantage of our easy online features. Here's a quick overview of what you can see and do.

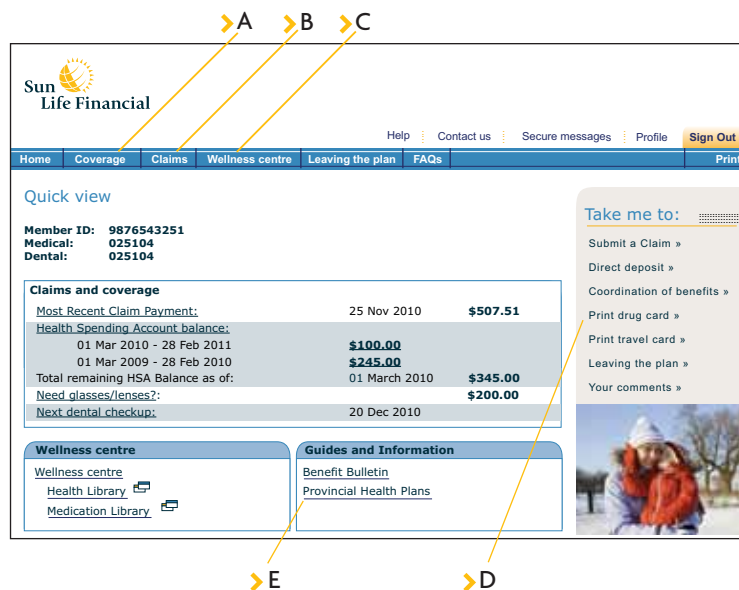
**Your Home page – This is your starting page when you sign on to my Sun Life.**



- **A One access ID — totally connected**
  - Access to your medical and dental benefits or pension account with just one access ID.
  - Use your e-mail address as your access ID to make signing in easier
- **B Secure messages**
  - Too busy to call us with your questions? Send us a secure message.

**Your Quick view page – This is where you will find all the great features described below.**

- **A Coverage**
  - Get details of your medical and dental coverage.
  - Look up drug information.
- **B Claims**
  - Submit a drug, dental, paramedical, vision care or Health Spending Account claim.
  - Print personalized claim forms.
  - View a claim statement.
  - View claims history.
- **C Wellness centre**
  - Complete your Wellness Assessment.
  - Create and store your Personal Health Record.
  - Visit the Health and Medication Libraries to search for information.
  - Get help navigating the Canadian health care system.
- **D Pay-Direct Drug card**
  - Print your personalized Pay-Direct Drug card.
- **E Provincial coverage**
  - Find out more about your provincial health plan.



# Do more, see more ...online

All these great features are just a few clicks away.

## Direct deposit and paperless claim statements

■ 3 ■ ■

Register for direct deposit of claim payments, paperless claim statements and automatic e-mail notification when your claims are processed.

## Coordination of benefits

■ 3 ■ ■

Check and update your coordination of benefits information.

## Coverage

■ 4 ■ ■

Find out the maximum amount covered or the reimbursement level for certain medical expenses and dental procedures.

## Drug Look Up

■ 4 ■ ■

Wondering if a specific drug is covered under your plan? Here's where to go.

## Submit most claims online

■ 5 ■ ■

No printer, no stamps ... no problem. Just submit your claim online.

## Claims history

■ 5 ■ ■

View a summary of claim activities for any time period you specify.

## Quick view

■ 6 ■ ■

Displays most recent claim payment, vision care balance and next dental recall.

## Personalized claim forms

■ 6 ■ ■

Print personalized claim forms pre-filled with your own information.

## Pay-Direct Drug card

■ 7 ■ ■

Your personalized PDD card – print, cut and carry with you.

## Secure messages

■ 7 ■ ■

Have a question? Send us a secure message online.

## Wellness centre

■ 8 ■ ■

Complete a Wellness Assessment or search our comprehensive health & medication libraries.

**Register**

By registering:

- You can access your claim details online.
- You can sign in to the website at any time to view or print your claim details.
- You will no longer receive a paper Claim Statement (Explanation of Benefits) in the mail.
- You can submit a claim online.

[register](#)

---

**Review your banking information**

With your banking information:

- You will receive your claim payments directly into your bank account.
- You can sign in to the website at any time to view or print your claim details.
- You will no longer receive a paper Claim Statement (Explanation of Benefits) in the mail.
- You can submit a claim online.

Contract	Institution	Transit	Account
016720 (Medical)	XYZ BANK 505 KING ST FREDERICTON, NB E3B 1E7	01234	1234567

[update](#)

---

**Update your e-mail address**

With your e-mail address we will:

- Send you an e-mail notification to let you know when your claim has been processed, including a link to the website and your claim details.

[update](#)

## Direct deposit & paperless claim statements

Do you want to receive quicker payments for your health and/or dental claims? Sign up for direct deposit. You can also register for our paperless claim statements. If you provide your e-mail address, we'll send e-mail notification when your claims have been processed to let you know your claim statements are available online.

It's easy, fast and environmentally friendly! Here's how to register:

- Select **Direct deposit** under "Take me to:" (on the right side of the screen)
- Select **Register**

When you provide your e-mail address, you should subsequently validate it by responding to an e-mail that is automatically sent to you.

If you need paper copies of your claim statement to send to your spouse's plan to coordinate benefits or want paper copies for your records, you can easily print your claim statements from the website.

## Coordination of benefits (COB)

Do you or your family have additional coverage under your spouse's medical or dental plan? If so, you can coordinate your claims to be reimbursed up to 100 per cent of your eligible expenses.

To *check* current COB information:

- Select **Coordination of benefits** under "Take me to:" (on the right side of the screen)

To *update* your current COB information:

- Select **Coordination of Benefits** under "Take me to:" (on the right side of the screen)
- Select **update**
- Select the statement that applies to your spouse's coverage under each contract number
- Select **update now** when done

**Coordination of benefits**

Do you or your family have additional coverage under your spouse's medical or dental plan? If so you can coordinate your claims to obtain reimbursement of up to 100% of eligible expenses. Our records indicate that your spouse has additional coverage. If this is not correct, please press the "update" button to change this information.

[update](#)

**Contract: 025104 (Medical)**  
My Spouse has additional FAMILY medical coverage

**Contract: 025104 (Dental)**  
My Spouse has additional FAMILY dental coverage

To learn more about your Coordination of benefits, [click here](#).

**Medical / Dependent Information: Contract 025104 (Medical)**

To see the details of your medical benefit coverage, select **Member** or **Dependent** and select the expense type from the list below. Please note that some of the expense types covered under your plan may not be shown. For more details, refer to your benefits booklet or contact the Customer Care Centre at 1-800-361-6212 if the expense is not listed below.

Coverage for:  Member  Dependent

- Ambulance**
  - Ambulance - Air
  - Ambulance - Air - Emergency, Out of Canada
  - Ambulance - Air - Emergency, Out of Province
  - Ambulance - Air - Ground
  - Ambulance - Air - Ground, Emergency, Out of Province
  - Ambulance - Air - Ground, Emergency, Out of Province
- Blood Supplies**
  - Blood Supplies
- Diabetic Supplies**
  - Autolet
  - Diabetic Supplies
  - Insulin
  - Medijector
  - Test Strips
- Diagnostics**
  - Blood Sampling
  - Lab Tests-Commercial Lab
  - Magnetic Resonance Imaging (MRI)
  - Mammography
  - Thermography
  - Ultrasound - medical diagnostic
  - Ultrasound - pregnancy
  - X-Rays
- Health Care Products and Supplies**
  - Areochamber
  - Catheter
- Nursing Services**
  - Licensed Practical Nurse
  - R.N.A. Out of Hospital
  - R.N. Out of Hospital
- Orthopaedic Supplies**
  - Orthopaedic Shoes
  - Orthopaedic Shoes (Brace)
  - Orthotic Devices
  - Prescribed Arch Supports
  - Shoe modification
- Paramedical Services**
  - Chiropractor
  - Chiropractor X-Ray
  - Christian Science Practitioner
  - Coagulation Therapy
  - Homeopath
  - Naturopath
  - Nutrition Counselling
  - Occupational Therapist
  - Ortho therapist/Masseur
  - Physiotherapy
  - Radiotherapy
  - Speech Therapy
- Prosthesis**
  - Limb Prosthesis - Purchase
  - Limb Prosthesis - Replace/Repair
  - Mammary Prosthesis
  - Podiatry

## Coverage

The Coverage section gives you quick and easy access to information about the coverage available for you and your dependents under your medical and dental plan. Find out what's eligible, the percentage of the cost covered and the maximum amount paid for many covered expenses.

To see your coverage details:

- Select **Medical** or **Dental** from "Coverage" on the blue menu bar
- Select whom the inquiry is for (member or dependent)
- Select the expense you would like information about. For dental expenses, you can also search by procedure code.
- Select **your claims** to view a list of the claims you and your dependents have submitted for that expense (located under "Limits" for medical expenses and "Overall maximum" for dental procedures.)

(Note: Some coverage information may not be available. Please refer to your benefits booklet for details.)

## Drug Look Up

Wondering if a prescription drug is covered? Want to know more about a particular drug? Use the Drug Look Up feature to search by drug name or drug identification number (DIN). You can find the drug name and DIN on the container label or pharmacy receipt.

To search for a drug:

- Select **Drug** from "Coverage" on the blue menu bar
- Select whom the drug is for
- Enter the drug name or drug identification number (DIN)
- Select **search**

You can find out more about a drug (for example, the condition or disease it treats and possible side-effects) simply by clicking on the drug name in the search results screen.

**Drug coverage**

Your query - Drug Name containing **minocycline** - resulted in **4 matches**. Please read the Important notes at the bottom of the table. Perform a [new search](#).

Look up more drug information in the [Medication Library](#).

Coverage for: **Randy** Current as at: **11 Jan 2008**

DIN	Drug name	Eligible	Percent covered
02084104	MANUFACTURER A MINOCYCLINE 100MG CAPSULE	Y	80.00% *
02084090	MANUFACTURER A MINOCYCLINE 50MG CAPSULE	Y	80.00%
02237314	MANUFACTURER B MINOCYCLINE 100MG CAPSULE	Y	80.00% *
02237313	MANUFACTURER A MINOCYCLINE 50MG CAPSULE	Y	80.00%

\* The percent covered will be applied to the amount of the lowest cost generic equivalent for this brand name drug.

**Important notes:**

- The drug information provided reflects the basic coverage under your benefits plan and should not be considered a recommendation or treatment plan.
- Eligibility is determined when we process your claim and may be subject to medical criteria. The amount paid is based on plan deductibles, the percentage paid by your plan, maximums, provincial drug coverage, whether your benefits are coordinated with another plan, etc. For more details, refer to your employee benefits booklet or contact the Customer Care Centre at 1 800 361-6212.
- To determine if you have met your deductible or reached your maximums, please review your claim summary from the Claims menu on the blue navigation bar.
- Please consult your health care professional for advice on diagnosis and treatment.

**Important notes:**  
Using your original vision care claim expense receipts enter your claim details and click continue. Please include any dispensing fees in the 'Amount Paid' column for each type of expense, if applicable. If you run out of space, finish submitting this claim. You can submit another claim by clicking the submit another claim button at the end of this claim submission. If your Type of Expense is not on the dropdown list, send us a paper [claim form](#) in the mail for processing.

Type of Expense	Date Paid in Full Year/Month/Day	Amount Paid
Contact lenses	Feb 05	300.00
<b>Total Amount Claimed:</b>		<b>300.00</b>

[continue](#) [cancel](#)

## Submit claims online

Claiming made easy! You can submit claims right over the Internet, e.g. drug, dental, paramedical, vision care or Health Spending Account claims, depending on your plan. You don't need a paper claim form – just fill in the information online. The system processes your claim immediately, and you receive an online notice telling you whether the expense is covered and usually the amount and details of your claim payment.

(Note: You must be registered for paperless claim statements to use this feature. Please refer to page 3 for instructions.)

To submit drug, dental, paramedical and vision care claims online:

- Select **Submit a Claim** under “Take me to:” (on the right side of the screen) or select the type of claim from “Claims” on the blue menu bar
- You will be guided through the claiming process in a few easy steps

We may randomly audit claims submitted online, so please be sure to keep your original receipts and supporting documents for 12 months. If your claim is chosen for audit, we will ask you to mail us the original receipt.

## Claim summary

This feature provides a summary of your drug or medical and dental claims and the amount paid for the time period you specify.

To view a claim summary:

- Select **Drug claim summary** or **Medical and Dental claim summary** from “Claims” on the blue menu bar
- Specify the period you would like to review
- Select **view summary**

**Medical and Dental claim summary**  
[View history](#)

- The difference between amount eligible and amount paid is co-insurance and deductible paid by member.
- Ineligible expenses include those beyond reasonable and customary charge, plan maximums exceeded, etc.
- View your [Health Spending Account](#) claim & balances.

**Randy Doe**  
Contract No: 025104 - for Expenses paid from 11 Mar 2007 to 11 Jan 2008

Medical Reimbursement Benefits for Andrea					
Description of Expense	Service Dates	Amount Claimed	Amount Ineligible	Amount Eligible	Amount Paid
Contact Lenses	2007/11/05 - 2007/11/05	\$300.00	\$150.00	\$150.00	\$150.00
<b>Totals for Andrea</b>		<b>\$300.00</b>	<b>\$150.00</b>	<b>\$150.00</b>	<b>\$150.00</b>

**Eva Christin**  
Contract No: 025104 - for Expenses paid from 11 Mar 2007 to 11 Jan 2008

Medical Reimbursement Benefits for Eva Christin					
Description of Expense	Service Dates	Amount Claimed	Amount Ineligible	Amount Eligible	Amount Paid
Drugs Prescribed	2007/10/18 - 2007/10/08	\$55.00	\$0.00	\$55.00	\$44.00
Generic Prescribed Drugs	2007/11/10 - 2007/11/19	\$43.50	\$0.00	\$43.50	\$34.80
<b>Totals for Eva Christin</b>		<b>\$98.50</b>	<b>\$0.00</b>	<b>\$98.50</b>	<b>\$78.80</b>

Summary of Claim Activity	
<b>Amount Claimed*</b>	<b>\$398.50</b>
<b>Amount Paid by Your Group Plan</b>	<b>\$228.80</b>
<b>Amount Not Paid by Your Group Plan</b>	<b>\$169.70</b>

**Member ID:** 9876543251  
**Medical:** 025104  
**Dental:** 025104

Claims and coverage		
Most Recent Claim Payment:	25 Nov 2010	\$507.51
Health Spending Account balance:		
01 Mar 2010 - 28 Feb 2011		\$100.00
01 Mar 2009 - 28 Feb 2010		\$245.00
Total remaining HSA Balance as of:	01 March 2010	\$345.00
Need glasses/lenses?:		\$200.00
Next dental checkup:	20 Dec 2010	

## Quick view

Once you sign on to [www.mysunlife.ca](http://www.mysunlife.ca) and select your contract numbers, the Quick view page will be displayed. You will immediately see a list of the most frequently requested information. Just select a link for more details:

- **Most Recent Claim Payment** – view your latest claim statement
- **Need glasses/lenses?** – check the date of your and your dependents' last purchase, remaining amount and next purchase date
- **Next dental checkup** – check your next dental recall date for claim purposes for you and your dependents

## Personalized claim forms

The claim forms available for you on my Sun Life are already pre-filled with your contract number, member ID number, name, date of birth and address. All you have to do is complete the rest, print, sign and send.

To download your personalized claim form:

- Select **Print claim form** from “Claims” on the blue menu bar
- Choose the form you need from the list

(Note: Adobe Acrobat Reader is required for this feature. It is available for download free of charge.)

**Extended Health Care Claim Form**

• Sun Life Assurance Company of Canada, a member of the Sun Life Financial group of companies, is committed to keeping your information confidential.  
 • Use this form for all medical expenses and services. For dental expenses, please use the *Dental Claim Form*.  
 • Please print clearly and be sure all sections are complete to avoid delays in processing your claim.  
 • Attach the **original** receipt for each expense claimed and keep photocopies for your records.  
 • Sign on page 2 and mail your claim to the address at the bottom of page 2. Some plans allow claims to be submitted online at [www.sunlife.ca](http://www.sunlife.ca).

Questions? Please visit [www.sunlife.ca](http://www.sunlife.ca) or call 1 800 361-4212, Monday - Friday, 9 a.m. - 9 p.m. ET

**1 Information about you**

Be sure to fully complete this section.

Contract number	Member ID number	Your plan sponsor/employer	
025104	S876543		
Your last name	First name	Sex	Date of birth (dd/mm/yy)
Doe	Randy	<input type="checkbox"/> Male <input type="checkbox"/> Female	01   01   1955
Your address (street number and name, apartment or suite)			City
225 King Street West			Toronto
Province	Postal code	You'd prefer correspondence in	Daytime phone number
ON	M5V 3C5	English <input type="checkbox"/> French <input type="checkbox"/>	( ) ( ) ( ) ( )

**2 Are you or your spouse covered under another plan?**

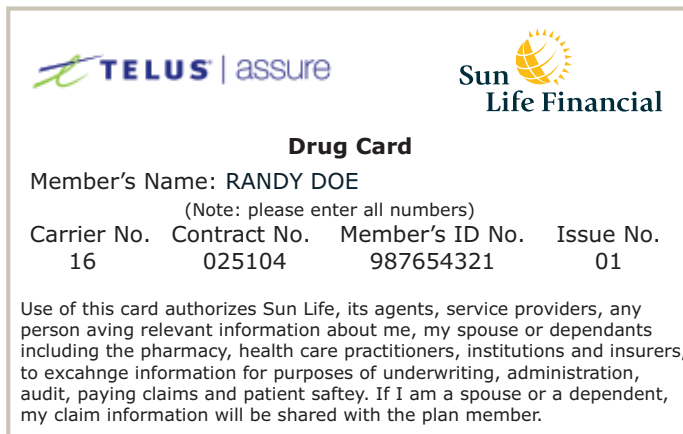
Complete this section if you or your spouse are covered under another plan. Send your claims to your own plan first. When you receive your claim statement, send a copy plus copies of your receipts to your spouse's plan to claim any unpaid amount. Send your spouse's claims to their plan first, then send a copy of their claim statement and receipts to your plan. Send your children's claims first to the plan of the parent whose birthday falls earlier in the year.

**► Is your spouse a member of another benefit plan?**  
 No  Yes If yes, please provide details below.

Spouse's last name	First name	Date of birth (dd/mm/yy)
Type of coverage	Are you claiming any expenses that are NOT covered under your spouse's plan? If yes, please specify.	No <input type="checkbox"/> Yes <input type="checkbox"/>
Single <input type="checkbox"/> Family <input type="checkbox"/>		
If your spouse's benefit plan is with Sun Life Financial, do you want us to process the claim through both benefit plans?		No <input type="checkbox"/> Yes <input type="checkbox"/>
		Contract number
		Member ID number
Spouse's signature		Date (dd/mm/yy)
X		

**► Are you also a member of another benefit plan?**  
 No  Yes If yes, please provide details below.

Type of coverage	Are you claiming any expenses that are NOT covered under your other plan? If yes, please specify.	What is your employment status under your other benefit plan?
Single <input type="checkbox"/> Family <input type="checkbox"/>		Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Retired <input type="checkbox"/>
If your other benefit plan is with Sun Life Financial, do you want us to process the claim through both benefit plans?		No <input type="checkbox"/> Yes <input type="checkbox"/>
		Contract number
		Member ID number



**TELUS | assure** **Sun Life Financial**

**Drug Card**

Member's Name: RANDY DOE  
(Note: please enter all numbers)

Carrier No.	Contract No.	Member's ID No.	Issue No.
16	025104	987654321	01

Use of this card authorizes Sun Life, its agents, service providers, any person having relevant information about me, my spouse or dependants including the pharmacy, health care practitioners, institutions and insurers, to exchange information for purposes of underwriting, administration, audit, paying claims and patient safety. If I am a spouse or a dependent, my claim information will be shared with the plan member.

## Pay-Direct Drug card

Using your PDD card is a fast and convenient way to claim prescription drugs. Participating pharmacies no longer require a plastic card to swipe through their system; simply print and show this paper PDD card to your pharmacist, who will input your information and submit your claim electronically.

To print your personalized PDD card:

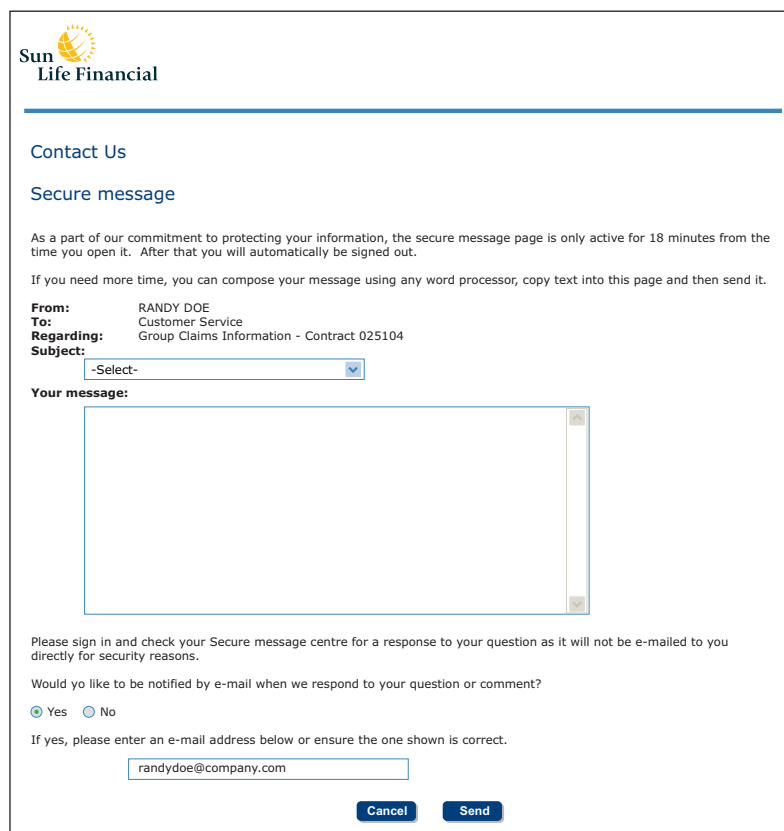
- Select **Print drug card** under "Take me to:" (on the right side of the screen)
- Select **Print** on the blue menu bar

## Secure messages

Whenever you are too busy to call us, or you have a confidential question, you can send us a secure message through our website.

To send us a secure message:

- Select **Secure messages** at the top of the menu
- A new browser window will open
- Select **Create new message**
- Select a category for your question from the drop-down menu
- Select the **secure message** link
- Type your question into the **Your message** box
- If you would like an e-mail notification when we have responded to you, select **Yes** (an e-mail address will be required)
- Select **Send** to send us the message securely



**Sun Life Financial**

**Contact Us**

**Secure message**

As a part of our commitment to protecting your information, the secure message page is only active for 18 minutes from the time you open it. After that you will automatically be signed out.

If you need more time, you can compose your message using any word processor, copy text into this page and then send it.

**From:** RANDY DOE  
**To:** Customer Service  
**Regarding:** Group Claims Information - Contract 025104  
**Subject:** -Select-

**Your message:**

Please sign in and check your Secure message centre for a response to your question as it will not be e-mailed to you directly for security reasons.

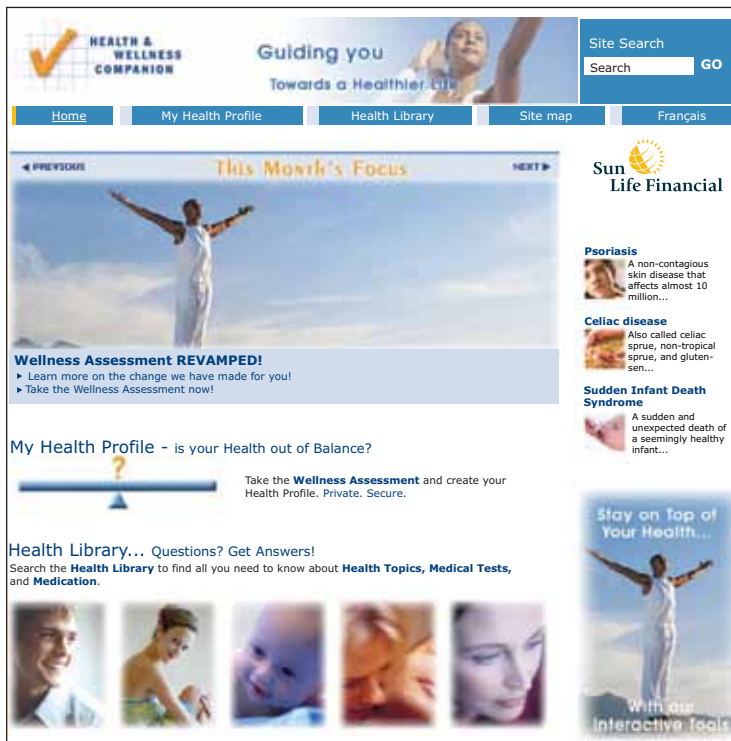
Would you like to be notified by e-mail when we respond to your question or comment?

Yes  No

If yes, please enter an e-mail address below or ensure the one shown is correct.

**Cancel** **Send**

# Do more, see more ...online



## Questions?

For questions about any of the features described here or how to access **my Sun Life**, just call our Customer Care Centre at 1-800-361-6212, from 8 a.m. to 8 p.m. ET, Monday to Friday.

## Wellness centre

Looking for reliable health and medical information? Our Wellness centre provides answers for your health concerns and questions.

**Wellness Assessment** – Complete this short, private questionnaire to evaluate your health and lifestyle habits and identify possible areas of risk. Along with a wellness score, you'll receive personalized tips that can be used to develop your own health improvement program.

**Personal Health Record** – Create a private, online record of your health information by storing details of your medical conditions, allergies, past tests and procedures, immunizations, etc., in one location you can access at any time. All your personal information is kept according to Canadian data privacy laws. You can create personal health records for your family members too.

**Health Library** – Look up information on many health topics and medical conditions, including causes, symptoms, diagnoses, treatments and prevention.

**Medication Library** – Search information on more than 10,000 drugs and their proper use, interactions, side effects, dosages and when they should not be used.

**Canadian HealthCARE Guide** – Need help navigating the Canadian health care system? Find doctors, clinics or community support groups in your area, understand wait times – and more.

To access these features:

- ▶ Select **Wellness centre** on the blue menu bar
- ▶ Select the feature you would like to use
- ▶ A new window will open showing the Health & Wellness Companion and Canadian HealthCARE Navigation website

Note: Don't forget to return to [www.mysunlife.ca](http://www.mysunlife.ca) and sign out.