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Critical Illness Insurance

Advisor's guide to critical illness claims

Your client has recently been diagnosed with a critical illness. Right now, they're turning to you for some much-needed advice and reassurance in the financial plan you've built together. Your role as their advocate has never been more important. As you help them navigate the critical illness claims process, your assistance will go a long way in helping to relieve some of the stress they're feeling at this moment.

How to provide timely and effective support to your client

☐ **1. Ensure that the condition your client has been diagnosed with is one of the covered conditions or Early Intervention Conditions included in their policy.**

☐ **2. Notify our Living Benefits Claims team as soon as possible** after your client receives the critical illness diagnosis so that we can start reviewing the client's claim.

Our goal is to adjudicate the claim objectively which is why a critical illness claim is paid based on a medically-specific diagnosis.[1]

Advisors and clients call
1-866-575-0684

Please have the following information available:

- Your name, phone, fax numbers
- Policy number(s)
- Name of the insured person as it appears on the contract
- Date of diagnosis of covered condition
- Type of covered condition (this information is essential, since we use this to determine which forms your client will complete)

Our commitment to you and your client's

We know this can be a difficult time. We want to do everything we can to help, including communicating with you and your client promptly and clearly, and making a fair determination for your clients payment of benefits.

[1] The diagnosis must meet all of the requirements contained in the contract definition of a Covered Condition or Early Intervention Condition.

☐ **3. Review the appropriate claim forms specific for your client's covered condition.** Please tell us if you will deliver the claim forms to your client or if you want us to handle this for you. When you and/or your client notify our Living Benefits Claims team, we will immediately send the appropriate claim forms and start communicating with your client directly.

Where to find the claim form

The following forms are available to you on Advisor Portal (login required):

- Critical Illness Claimant's Statement (NN1482E)
- Attending Physician's Statement – there is a form for each covered condition

Contact the Living Benefits Claims team for the:

- Provincial Health Authorization – one form for each provincial health record; for contestable claims.

If you or your client have questions after reviewing the claims forms, you can call Manulife Living Benefits Claims team at 1-888-575-0684.

☐ **4. Meet with your client (or their family if your client isn't available) to review their critical illness policy contract together. Avoid offering assurances or your opinion that the claim will be approved until you and your client receive notice from the Living Benefits Claims team.**

Let your client know that the step-by-step client flyer is available to help them navigate making a claim.

☐ **5. Walk your client through each claim form** that needs to be completed. It is very important that your client and their physician complete the appropriate claim forms and the Living Benefits Claims team receives detailed answers to every question. In fact, the more complete the answers, the quicker your client's claim will be processed. You can help your client even more (and help speed up the claims process) by delivering the completed claim forms yourself to the Living Benefits Claims team. That way you'll know all forms are complete and submitted.

Communication with your client. We encourage personalized and direct communication. A claims adjudicator will call your client directly once we've received the completed claim forms. We'll keep you informed by sending copies of all meaningful client correspondence to your office.

☐ **6. Deliver/scan any preliminary medical reports** from the attending physician and/or medical facility to the Living Benefits Claims team. Medical reports can be sent to CC_987@manulife.ca or faxed to 1-866-905-1112.

We'll likely need more information

For most claims, we require test results to confirm a diagnosis (details on tests are included on the claim forms)[2]. Test results should be included when sending in completed claim forms.

However, often we need additional medical information and can face delays receiving the information from physicians and provincial health care provider(s). In the meantime, we will continue to process your client's claim. But, the quicker we receive the additional information from your client and their physicians, the quicker we'll be able to finalize your client's claim.

Certain provincial legislation requires special claims handling. If this is required, the Living Benefits Claims team will let you know when they communicate with you.

[2] Important: Any reference to testing, tests, test results, or investigations excludes genetic tests. Genetic test means a test that analyzes DNA, RNA or chromosomes for purposes such as the prediction of disease or vertical transmission risks, or monitoring, diagnosis or prognosis.

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Regular communication is key

Your best approach is to be in touch with your client on a regular basis during the claims process.

We'll also contact your client directly to receive additional details not covered by the claim forms, explain the claims process, answer questions and address any concerns they may have. Building and sustaining a relationship between your client and the person adjudicating the claim helps the claims process run smoothly.

What happens to your client's personal information?

At Manulife, your client's privacy is important to us and we keep the information we gather strictly confidential and use it only for the purposes specified in the application for your policy. These purposes include underwriting and administering your insurance policy and paying claims. For more information on our Privacy Policy, please go to **manulife.ca**

Contestable claims[3]

When we receive a claim for a critical illness that started within two years of a policy's issue or reinstatement date, the claim is considered contestable. This means that we will verify the information your client provided on the initial insurance application and we'll request copies of your client's provincial health records to review their medical history. As expected, a contestable claim may take longer to process than a noncontestable claim.

Next steps

Once a client's critical illness claim has been approved[4], the critical illness benefit is deposited into their bank account. The bank account must be a Canadian financial institution. The benefit is deposited using an electronic fund transfer (ETF).

Your client's recovery is important to us

We're committed to processing your clients claim promptly, so they can begin to focus on recovery.

Knowing that your client is in good financial hands, they're now ready to focus on what really matters... getting better.

For more information about critical illness claims, please contact Manulife's Living Benefits Claims team at **1-866-575-0684**

[3] Contestability is defined contractually in each policy. A policy may be contestable even if the contract has been in force for more than two calendar years.
[4] A waiting period must be satisfied for cardiac conditions.

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Did you know?

- Copies of all relevant correspondence with the client go to your office and serve as status updates for you
- We encourage claimants to call us directly when they want more information or need to notify us of additional facts
- We are always willing to re-evaluate any claim promptly once new information is provided by the client