

Individual  
Insurance

# Claims Guide

Advisors and general agents

Version 2.0



beneva

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## Introduction

This guide contains the key information and steps involved in the claims process at Beneva.

As such, this guide is a tool that describes the administrative practices involved in handling a claim in order to help general agents and advisors support their customers. It summarizes the key steps in the claims process, the roles of each party involved when a claim is filed with Beneva, and who to contact to follow up on a pending claim.

For ease of use, this guide has been divided into sections. To quickly find the section that contains the information you're looking for, please refer to the table of contents. This guide will help standardize your operations, guaranteeing quality service and compliance with sound business practices.

For future updates to this guide, simply refer to the section that summarizes the changes. In addition, all changes will be highlighted until the next update. Note that an electronic version of the guide will also be posted on our website.

## The teams

### Customer Service

Our **Customer Service** agents and **Partner Services** representatives are available to you and your customers to:

- confirm coverage under a policy
- receive requests for claim forms
- open express life insurance claim files
- answer questions about steps to follow, contract clauses, forms and follow-up regarding claims

### Partner Services

#### Contracts in force and claims

1 877 707-7372

Option 3

### Customer Service

1 877 841-8822

Monday to Friday, from 8:30 a.m. to 5:00 p.m.

[serviceclients@beneva.ca](mailto:serviceclients@beneva.ca)

### Claims Department

This team is made up of several claims agents with varying levels of expertise. In Individual Insurance, claims agents process claims with the support of a claims specialist, under the supervision of an assistant director.

To reach the Claims Department, you need to contact Customer Service. For more detailed questions that cannot be answered by the Customer Service agent, a callback request will be created for the claims agent.

For more details, please refer to the “**Communication**” section of this guide.

## Communication

We're committed to keeping you informed of the status of the claim and will provide regular updates in this regard to both you and your customer.

The agent will inform you at every stage of the process by sending a modified version of the letter sent to the customer. This protects the confidentiality of the information while ensuring that all parties concerned are informed. The letter is posted on the secure advisor site and you can access it by doing a search with the contract number found in the email's subject line. You will receive an email notification informing you that a new letter is available for your customer.

### Transmission of documents by courier

- A number of documents are sent to the general agent's office by courier (ICS). These documents include but are not limited to a copy of the cheque stub your customer receives once payment has been issued, as well as death and critical illness settlement cheques that you want to deliver personally to your customers.
- Note that death settlement cheques issued for express claims cannot be included in this category.

### Transmission of information by email

The best way to provide missing or additional information for a pending claim is by sending an email to [reclamations@beneva.ca](mailto:reclamations@beneva.ca).

For general information about claims, please write to us at the above email address or call **1 877 841-8822**. You can pass on this contact information to your customers as well.

## Follow-up on a claim

To request a follow-up regarding a claim, you can call the **Customer Service** team at **1 877 841-8822** or email them at [serviceclients@beneva.ca](mailto:serviceclients@beneva.ca). This team will relay the message to the claims agent, who will respond within **24 to 48 hours**.

## Roles and responsibilities

### The insured or beneficiary is responsible for:

- providing the duly completed forms and information requested by Beneva during the claims process
- If the insured has other similar coverage (life, disability or critical illness) with SSQ Insurance, La Capitale or Beneva, please inform us

### Advisor

The advisor is responsible for explaining to the customer:

- the information they need to provide in order to assess their claim, as well as their responsibilities during the claims process
- the decision rendered or the need to provide additional documents

In addition, the customer's consent must always be obtained before consulting documents that contain confidential information.

Lastly, advisors should refrain from telling the customer that a benefit will be paid before receiving confirmation from the **Claims Department**.

### Claims Department

The Claims Department provides the forms required to assess the claim. It is responsible for:

- analyzing, assessing and validating the information and documents received
- assessing the medical history to determine the claim's admissibility
- setting up the claim file and keeping the advisor and the customer informed of the status of the claim
- communicating using the appropriate method of transmission (email, phone or mail)
- ensuring that all correspondence complies with legislative privacy requirements
- following administrative procedures and settling claims in accordance with the contract's provisions
- complying with specific provincial regulations regarding the handling or retention of claims files
- assessing claims according to industry best practices and the rules of professionalism and impartiality in place at Beneva

## Preliminary checks

To ensure prompt claims processing, it's essential to fully understand and follow each of the steps so a decision can be reached quickly.

### Before starting the claims process, it's important to check that:

- the policy is in force
- the customer has coverage for the loss being claimed
- the customer is eligible for the coverage
- the elimination or survival period provisions in the case of disability or critical illness have been verified

### Before contacting Customer Service to request forms, please have the following information handy:

- Policy number
- Name of insured (or deceased) and the date and cause of death, where applicable
- In the case of death, the contact information of the funeral home for an express claim and the death certificate for universal life contracts
- In the case of disability or critical illness, the date of diagnosis and the date of the incident
- The contact information for the person the forms should be sent to (the customer, executor, advisor, general agent or beneficiary) and the method of transmission (mail or email)

## Express claims

In some cases, the beneficiary is eligible for express claims settlement by phone and the settlement cheque may be issued within five business days.

The conditions for handling an express claim are described in the "Parameters for a death claim request" document. The most recent version of this document can be found in the Document Centre of the beneva.ca site, Advisors Section.

## Steps in the claims process

The same steps should be followed for all our individual insurance policies (life, disability or critical illness).

### Step 1: Notification to Beneva of upcoming claim

You must contact Customer Service to request the forms required to open the claim file. Claim forms vary depending on the customer's coverage and province of residence. Not all form packages are available on the website.

A personalized package, including a checklist of the documents to be completed and the information to be provided will be prepared and sent according to the requested method of transmission.

### Step 2: Submission of documents by customer

The customer completes the forms and gathers the necessary information. To avoid delays, they must ensure they have duly completed all required documents and provided all documentation indicated in the checklist. For any questions, contact Customer Service.

It is the claimant's responsibility to provide all required documents and to cover the applicable costs.

### Step 3: Verification of incontestability clause by claims agent

Once the claim file is opened, the claims agent determines the date of the loss.

If the date of the loss is **within** two years of the policy's effective date or reinstatement, the claim is considered contestable. As a result, Beneva must check the validity of the information provided when the insurance was taken out (see Step 4a).

If the date of the loss is more **than two** years after the policy's effective date or reinstatement, the claim is considered incontestable (see Step 4b). When assessing the claim, the insurer reserves the right to carry out certain verifications within the framework established by the contract.

### Step 4a: Processing of contestable policies

A list of medical consultations for the five years prior to the date the application was signed by the insured must be requested from public health agencies. Based on the information received, additional information may be required from clinics, hospitals or the insured's family doctor.

It is important to emphasize that there is no connection between the reason for the claim and the verification of the statements made by the insured during the underwriting process. Suppose a customer sustains an accident and submits a **disability claim** due to a back injury. The claims agent will systematically check the statements made by the insured during the underwriting process even if they are unrelated to the back injury.

Note that there may be a delay in processing the claim while awaiting receipt of the documents.

Beneva will look after collecting this information and will ensure strict follow-up with the service provider to ensure receipt of the information in a timely manner. All costs incurred in the process of assessing contestability are assumed by Beneva.

The general agent and the customer will be informed of the status of the claim as documents are received and analyzed.

Once all the medical information has been received, eligibility for the coverages being claimed by the customer is verified by comparing it with the information provided during the underwriting process.

If **any discrepancies (omissions, incomplete or inaccurate statements) are noted** between the statements made when the insurance was taken out and the medical files received, Beneva determines if the situation is material to the risk and how it impacts the policy and the claim.

Beneva may then decide to do one of the following:

- Maintain the policy as is and have the claims agent assess the claim
- In case of omission or misstatement, Beneva will do one of the following:
  - Amend the policy by adding an exclusion to the disability or critical illness insurance, get the customer to sign the endorsement and have the claims agent assess the claim
  - Cancel the policy or coverage(s) and refund the premiums

#### Step 4b: Processing of incontestable policies

Once all the forms and information have been received, the claims agent checks the admissibility of the claim based on the contract's clauses and provisions.

If need be, the claims agent may request additional documents (e.g., medical files), even if the policy has been in force for more than two years and the incontestability period has expired. In the event of fraud, the claim will be denied and the policy will be voided without a refund of premiums.

#### Step 5: Communication of decision

Beneva will notify the customer of the decision. In accordance with our privacy policy, no confidential information will be visible on your copy of the decision letter. The customer may share their version of the letter with you if they wish.

#### Step 6: Settlement

In the case of disability or critical illness, a cheque will be sent to the beneficiary. They will also receive a statement detailing the benefit paid. You will receive a copy as well through your general agent.

In the case of death, the beneficiary has two options:

- Receive a payment by cheque for the total benefit amount
- Transfer some or all of the benefit to a Beneva investment product

Daily interest is paid if the claim is settled more than 30 days after the date of receipt of all documents (for life insurance only), at the rate established by Beneva, calculated from the date of receipt of the last document required.

The cheque may be sent to the beneficiary directly or delivered by you. You can let Beneva know your preference at any time during the claim process or once the settlement has been approved.

The logo for Beneva, featuring the word "beneva" in a lowercase, white, sans-serif font. The letters are closely spaced and have a clean, modern appearance. The background is a solid dark purple with a large, lighter purple curved shape on the left side.

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