



JOHN DOE  
 123 TEST DRIVE  
 ANYWHERE ON A1A 1A1

Statement date: October 19, 2009  
 Your plan number: 0011112  
 Your certificate number: 89898988  
 Group name: ABC COMPANY

**Questions?**

Internet: [www.manulife.ca/groupbenefits](http://www.manulife.ca/groupbenefits)  
 Write: Group Health Claims  
 PO Box 1653  
 Waterloo, ON N2J 4W1

# Your dental claim statement

## Summary of your claim

Description	Amount submitted (\$)	Benefit paid (\$)
TOTAL FOR JOHN	100.00	0.00
CLAIM TOTAL	\$100.00	\$0.00

## Get information online!

See previous claims & personalized benefits information, and get claim forms on our secure Internet site [www.manulife.ca/groupbenefits](http://www.manulife.ca/groupbenefits)  
 Privacy matters to Manulife. We will keep all of your personal information strictly confidential.

## Details of your claim

JOHN (insured)

Description	Amount submitted (\$)	Amount eligible (\$)	Deductible (\$)	Percent paid	Benefit paid (\$)	See note
Service date: October 01, 2009 Procedure: 02111, One xray	100.00	11.75	11.75	100%	0.00	1, 2
TOTAL FOR JOHN	\$100.00	\$11.75	\$11.75		\$0.00	

**NOTES FOR JOHN**

- All of the eligible expenses submitted have been applied toward satisfying your deductible.
- Your plan covers dental services up to the amount recommended by the 1988 Ontario General Practitioner Dental Association fee guide. This service was processed on that basis.

## Important messages

Please keep this document for income tax purposes, or if coordinating benefits with another plan. This document is sufficient for income tax purposes. If you need a replacement copy, we charge a fee.

## Important messages continued

### Key terms

Following are some explanations of key terms used in this claim statement.

**Amount submitted** - The amount you were charged for a product or service.

**Amount eligible** - The portion of the amount submitted that is eligible for whole or partial reimbursement by your plan.

**Deductible** - The eligible expenses we deduct from your claim before your plan pays a benefit.

**Percent paid (coinsurance)** - The percentage of the amount eligible that your plan covers, sometimes referred to as coinsurance. For example, if your plan covers 80% of the amount eligible, then you will not be reimbursed for the other 20%.

### Co-ordination of Benefits

If you have health or dental coverage under another plan, you can get up to 100% of your eligible expenses covered.

Industry-wide procedures -- determined by Canadian Life and Health Insurance Association (CLHIA) guidelines -- establish which plan considers a claim first. Through coordination of benefits, you can submit the unpaid part of a claim to the second plan for payment. For example, if this plan pays 80% of an expense, the other plan may pay the remaining 20%.

Here's how to take advantage of coordination of benefits

For you

Send your claims to your plan first. Then submit the claim statement -- along with copies of receipts -- for any unpaid portion to your spouse's plan.

For your spouse

Send your spouse's claims to his/her plan first, then submit the claim statement -- along with copies of receipts -- for any unpaid portion to this plan.

For your children

- If you are the parent whose birthday (month and day) falls EARLIER in the year, submit your children's claims to your plan first. Then, submit the claim statement for any unpaid portion to the other parent's plan.
- If you are the parent whose birthday (month and day) is LATER in the year, submit your children's claims to the other parent's plan first. Then submit the claim statement for any unpaid portion to your plan.

### Help prevent claims fraud

- Be informed about the services you receive. Ask questions!
- Never sign a claim form before a service is performed.
- Take care when disclosing benefit coverage to others.

Large or small, fraud costs you and your employer. Report any concerns or suspicions confidentially by calling Manulife 1-877-481-9171.