

## How to submit a claim online

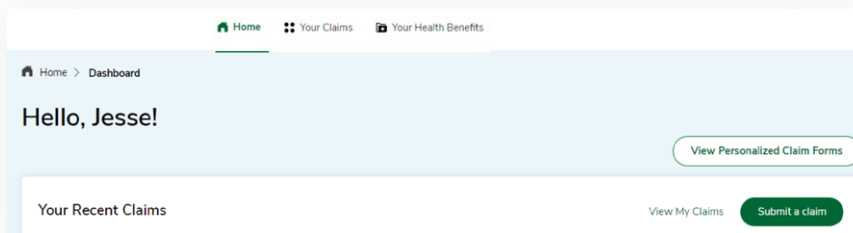


### How to submit a health or dental claim

#### Step 1

##### Get started

- Click the green 'Submit a claim' button from the home screen.

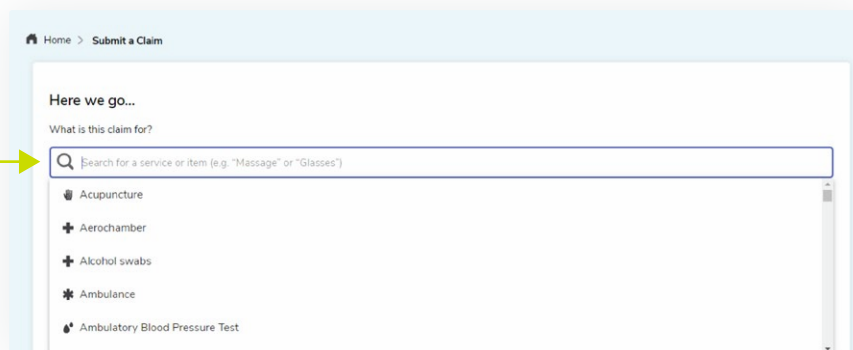


#### Step 2

##### Choose the type of claim

- Use the search bar, or the drop-down menu, to choose a claim type.

If you're submitting a drug claim, skip to the **'how to submit a drug claim'** section on page 7.



##### Tip!

If you cannot find an exact match for the type of claim, type 'Other' and more options will appear.



## Step 3

### Find your health care provider

#### If you've been to this health care provider before:

- If you previously visited a health care provider for the same type of service, their information will be displayed under 'Recent health providers'.
- If this service was completed by the same provider displayed, select the provider and click 'Next Step'.

Home > Submit a Claim

Here we go...

What is this claim for?

Q Physiotherapy X

Look up your health provider by name or phone number. \*\*If searching for a business you must use phone number.\*\*

Recent health providers. Click to select.

Physiotherapy

**A SHETTY**

Physiotherapist  
15712  
1345 Morningside Ave  
Scarborough, ON  
M1B5K3  
(416) 283-7472

Next Step >

#### If you haven't been to this health care provider before:

- To search for the provider, click on 'Look up your health provider by name or phone number'.
- Enter the provider's first name, last name and/or phone number (searching by phone number is recommended).
- Click 'Search'.

Here we go...

What is this claim for?

Q Massage X

Look up your health provider by name or phone number. \*\*If searching for a business you must use phone number.\*\*

Phone number Business Name Last name Search



- If the provider is listed, select the provider and click 'Next Step'.

Home > Submit a Claim

Here we go...

What is this claim for?

Message

Look up your health provider by name or phone number. \*\*If searching for a business you must use phone number.\*\*

Phone number Business Name Smith Search

Next Step

Provider Name	Business Name	Provider Type	Address	License Number	Phone Number
A A SMITH	A A SMITH	Massage Therapist	45 22e Av. Drummondville, QC J2B3Z5	17111009	(819) 461-7306
A J SMITH	WOLF MOUNTAIN MESSAGE	Massage Therapist	10-7519 41 Ave Nw. Calgary, AB T3B1X5	001266	(780) 799-6830
A L SMITH	THE MESSAGE AND TREATMENT CLINIC	Massage Therapist	110-1224 Place D'Orleans Dr. Orleans, ON K1C7K3	G461	(613) 837-2740

- If the provider is not listed, you will need to add them.
- Select 'Add a New Provider.'

Home > Submit a Claim

Here we go...

What is this claim for?

Message

Look up your health provider by name or phone number. \*\*If searching for a business you must use phone number.\*\*

Phone number Message 123 Last name Search

Your search returned 0 results.

Add a New Provider



- Enter the provider details and then click on the 'Confirm Entry' button.

Enter provider details (one entry per provider)

Last name:	First name:	License no.:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Phone number:	Association/College:	
<input type="text"/>	Select a College or Association ▼	
Street address:	City:	
<input type="text" value="e.g. 101 Dalmatians Street"/>	<input type="text"/>	
Province:	Postal code:	
Select a province ▼	<input type="text" value="e.g. M4B 1B3"/>	

We're unable to find that provider, which means it's possible they're not registered with Securian Canada. Enter the provider's information above, and select "Confirm Entry". The provider's credentials will be verified, and this claim will be processed accordingly. Please do not submit any other claims for this provider until they have been verified and registered with us.

[Cancel Entry](#)

- Select the provider you added and click 'Next Step'.

Manually inputted provider:

**A SMITH**

101 Test St  
Toronto, ON  
M4B 1G2

(416) 407-1234

[Edit Provider Details](#) [Remove Provider](#)



## Step 4

### Add your claim details

- Select who the claim is for, from the drop down 'Who is this claim for?'

Home > Submit a Claim

✔ Claim Details

Your health provider:

A SMITH

101 Test St  
Toronto, ON  
M4B 1G2

(416) 407-1234

Who is this claim for?

Jesse Zhou

- Answer all questions related to the claim.

✔ Please select and answer questions below

Is Jesse covered under another benefits plan?  Y  N

Is this claim related to a motor vehicle accident or an open case with the Workers' Compensation Plan in your province?  Y  N

Do you have a prescription for this claim?  Y  N

- Provide details regarding the claim.
- If there are additional claims to enter from the same provider, click the link to 'Add additional treatment.'
- Once all claim details have been entered, click the 'Next Step' button.

✔ More About Your Claim

Treatment Type:  
Message Therapy

Treatment Date:  
Jun 1, 2023

Treatment Length:  
60 minutes

Total Amount:  
\$100

+ Add additional treatment

< Previous Step

Next Step >



## Step 5

### Confirm your claim details

- Confirm the information you entered is correct.
- Review the 'Confirm and Authorize' section and select the check box.
- Click the 'Submit' button.

Home > Submit a Claim

Claim Details [Edit](#)

Member name: **Jesse Zhou**

Claim type: **Massage**

A SMITH

101 Test St  
Toronto, ON  
M4B 1G2

(416) 407-1234

Please verify your answers [Edit](#)

Is Jesse covered under another benefits plan? **No**

Is this claim related to a motor vehicle accident or an open case with the Workers' Compensation Plan in your province? **No**

Do you have a prescription for this claim? **No**

More About Your Claim [Edit](#)

Service 1

Treatment Type: **Massage Therapy**

Treatment Date: **Jun 1, 2023**

Treatment Length: **60 minutes**

Total Amount: **\$100.00**

**Confirm and Authorize**

I confirm that all of the information above is accurate and ready to be submitted to Securian Canada.

I understand that submitting a fraudulent claim is a criminal act, and will result in the notification of my employer, the suspension of my benefits, and an escalation to the appropriate legal and/or law enforcement agency.

If selected for audit, I authorize the exchange of information between Securian Canada and other parties, including but not limited to health practitioners, medical device providers and insurers, as required, and only when the information is needed to administer benefit claims and/or confirm the accuracy of the claim(s) information submitted on behalf of myself, my spouse and/or my dependents.

[< Previous Step](#) [Submit](#)



## How to submit a drug claim

### Step 1

#### Get started

- Type 'Drug' into the search bar.
- Click 'Next Step'.

Home > Submit a Claim

Here we go...

What is this claim for?

Q Drug X

Next Step >

### Step 2

#### Claims details

- Select who the claim is for, from the drop down 'Who is this claim for?'
- Answer the questions.
- Upload your receipts or documents.
- Add any additional information.
- Click 'Next Step'.

✔ Claim Details

Who is this claim for?

Jesse Zhou

✔ Please select and answer questions below

Is Jesse covered under another benefits plan? Y N

Is this claim related to a motor vehicle accident or an open case with the Workers' Compensation Plan in your province? Y N

○ Attach Receipts or Documents

Upload Receipts or Supporting Documents (up to 24 MB per file):

Upload

Additional Information:

Add anything else you'd like us to know here.

< Previous Step

Next Step >



### Step 3

#### Confirm claim details

- Confirm the information you entered is correct.
- Review the 'Confirm and Authorize' section and select the check box.
- Click the 'Submit' button.

Home > Submit a Claim

Claim Details [Edit](#)

Member name: Jesse Zhou

Claim type: Drug

Please verify your answers [Edit](#)

Is Jesse covered under another benefits plan? No

Is this claim related to a motor vehicle accident or an open case with the Workers' Compensation Plan in your province? No

Document upload [Edit](#)

Upload Receipts or Supporting Documents (up to 24 MB per file): Drug Receipt.PNG

Additional Information:

#### Confirm and Authorize

I confirm that all of the information above is accurate and ready to be submitted to Securian Canada.

I understand that submitting a fraudulent claim is a criminal act, and will result in the notification of my employer, the suspension of my benefits, and an escalation to the appropriate legal and/or law enforcement agency.

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[< Previous Step](#) [Submit](#)