Sunlife 保险申报流程

1，用浏览器打开一下网址
   https://www.sunnet.sunlife.com/signin/mysunlife/home.wca

2，输入用户名和密码 并且登录

3，首次登录会要求短信验证

4，登录后点击 Submit a claim

5, 选择 Medical e-claim

6, 确认信息准确无误并且点击 continue

Medical e-claim

Your plan allows you to submit an online claim for many medical expenses. Follow these **4** simple steps to submit your claim.

Please note e-claims hours of availability are as follows:
Monday- Friday from 6 a.m. to 11:59 p.m. (Eastern Time)
Saturday from 6 a.m. to Sunday 2 a.m. (Eastern Time)
Sunday from 8 a.m. to 11:59 p.m. (Eastern time).

Step 1 of 4

- **Please check your information below.** Once your claim is processed, your claim payment will be deposited into your account and an e-mail will be sent to the address below.
- To update the information click **update**, otherwise click **continue**.

Institution	Transit	Account
CANADIAN IMPERIAL BANK OF COMMERCE COQUITLAM BANKING CENTRE 3000 LINCOLN AVE COQUITLAM, BC V3B 7L9	00920	********1137

[update]

E-mail Address

li_fei2006@yahoo.ca [update]

Address

1246 HORNBY ST
COQUITLAM,BC
V3E 1C5

[update]

[continue] [cancel]

GBM-E0900

You are on a Sun Life Financial website.
Please refer to the legal, privacy and security pages for information on the use of this site.

7，同意相关条款

Home | Coverage | Lumino Provider Search | Claims | Lumino Health Centre | Changing employer | FAQs | Print

Medical e-claim
Terms and Conditions

Step 2 of 4

If you accept and agree to the following terms and conditions to submit a claim online, then click I agree to continue.

- **Fraudulent claims are very costly for all participants in benefit plans. As administrator of this plan and for audit and investigative purposes, Sun Life Assurance Company of Canada ("Sun Life") may check the accuracy of the information given in support of your claim, and if we ask, you agree to send us the original receipts and supporting documents within the time frame requested.**

- Sun Life reserves the right to:
  ○ remove the online *Submit a Claim* feature and request that you send in a paper claim form with original receipts and supporting documents, and
  ○ request that you send in the original receipts and/or supporting documents within **12** months of you submitting your claim online.

[I agree] [cancel]

GBM-E0910

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8，选择申报的人的姓名并将下面的项目填写成"No"后点击 continue.

Medical e-claim
Claim Options

Step 3 of 4

Select who the claim is for:
- ⦿ ▢
- ○ ▢

This is a list of who is currently covered under your plan. If you have dependents you would like to add or change, please contact your Benefits Administrator.

Provide the required information and select continue below.

Does this person have any other coverage for this expense with Sun Life or another carrier?   Yes   [update]

Are you coordinating this claim with another plan?   ○ Yes ⦿ No

Learn more about coordination of benefits.

[continue] [cancel]

GBM-E0920

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9, 如果是第一次申报需要 OzMedical 到 provider 里。点击 new provider

Step 4 of 4
Use your receipt to answer the questions below about your claim.

The duration of a paramedical service may not appear on the receipt. If you're not sure how long it was, select 60 minutes.

Not sure what we're asking for? Click on the underlined column heading(s) for more information.

[new provider]

Claim Information Instructions:

Provider	Where was this service provided?	Type of Service	Service Date dd/mm/yyyy	Duration (in minutes)	Total amount (xxx.xx)	Initial Visit	
⌄		⌄		⌄	$	▢	[clear]
⌄		⌄		⌄	$	▢	[clear]
⌄		⌄		⌄	$	▢	[clear]
⌄		⌄		⌄	$	▢	[clear]
⌄		⌄		⌄	$	▢	[clear]
⌄		⌄		⌄	$	▢	[clear]
⌄		⌄		⌄	$	▢	[clear]
⌄		⌄		⌄	$	▢	[clear]

Total Amount Claimed: $0.00

☑ I'd like to rate my experience with the providers and I agree to the terms of use.   [continue] [cancel]

Note

You can enter up to eight expenses at a time. If you need to submit more than eight, you'll need to create a new claim.

You can read more about your Medical Services and the types of services you can claim.

GBM-E0947

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10，点击 add details

Medical e-claim
Provider Information

Go back to claim Information

Find your provider with **Lumino** Provider Search (recommended)

Enter your provider's location and name as it appears on your receipt.

Near: Provider name:

Enter city, address or postal code ◎   Enter provider's full name   Search

The following specialties are available in Lumino Provider Search: **acupuncturist, athletic therapist, audiologist, chiropodist, chiropractor, kinesiologist, massage therapist, naturopath, occupational therapist, osteopathy, physiotherapist, podiatrist, registered dietitian, speech therapist, psychologist, social worker, psychotherapist, clinical counsellor, medical compression stockings, custom orthotics.**

Add your provider's details

Some specialties may not be available in Lumino Provider Search. Click the button below to enter your provider's details. Check the information on your receipt to be sure it's accurate.

Add details

GBM-E0948

11，按照箭头指示填写完善信息并且点击 continue

Medical e-claim
Provider Information

Add your provider by:

○ **First and last name**
(such as your massage therapist, chiropractor or other health professional)

◉ **Supplier/facility name**
(such as a hospital, clinic, health store or pharmacy)

Using your receipt, enter the information below. If you're missing information, please contact the supplier or facility.

Mandatory information:

Name of supplier/facility: OzMedical Corp.
Phone Number: 778-723-2019
Postal Code: V3E 1C5

Choose what this expense is for (pick all that apply):

☐ Ambulance   ☐ Diabetic supplies   ☐ Doctor's services
☑ Health care products and ☐ Hearing aid and supplies   ☐ Hospitalization
  supplies
☐ Laboratory/diagnostic   ☑ Medical equipment   ☐ Nursing home
  services
☑ Orthopaedic supplies   ☐ Prosthesis

continue   cancel

GBM-E0937

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12， 这时候点击 providers 的下拉菜单里面应该有 OzMedical Corp. 的字样了

13， 按照发给您的 Invoice 的日期和金额填写。每一行写一个单独的 invoice。点击 continue

14，上传对应文件，每个都需要上传 prescription 和相对应金额的收据（OzMedical Corp.提供）

15, 完成后点击 continue 上交并完成理赔递交。（应该有上传 prescription 和 invoice）