

## **Family Accident Reimbursement Plan - Voluntary Insurance**

Our insurance partner, iA Financial Group, is now offering a new comprehensive accident insurance plan with a critical illness component designed for the whole family.

The Family Accident Reimbursement Plan is ideal for supplementing costs not covered by your provincial health insurance or existing employer extended health and dental plans. Regardless of the size of your family, all eligible family members can be insured under one set monthly rate.

Your coverage also includes a critical illness component, which pays out a lump-sum amount if any of the covered individuals are diagnosed with one of the covered conditions. Plus, the money can be spent however you need. Use it to pay medical expenses, take care of bills or cover income lost due to recovery. That's one less thing to worry about while you or someone in your family recovers from a serious illness.

### **Key Benefits**

#### **Accident Insurance Benefits**

Accident Insurance Benefits are payable if an injury from an accident results in a loss, treatment, or expenses not covered by any existing health plans. Specific benefits covered include:

- A Permanent Total Disability Benefit of \$100,000
- An Accidental Death Benefit of \$20,000

#### **Expense Reimbursement Benefits**

- Dental Benefits – should any of your children require dental treatment resulting from an accident, they can receive coverage for dental work done within 7 years after the accident.
- Hospital Stay Benefits – covers hospital services (including hospital room and other necessary hospital services such as a registered nurse, wheelchairs, casts and prescription drugs)
- Funeral Expense Benefit – up to a maximum of \$5,000

#### **Critical Illness Insurance Benefits**

Tax-free lump-sum payment of up to \$10,000 if an insured is diagnosed with one of the following conditions:

#### **Critical Illness Insurance Covered Conditions**

	<b>For All Insureds</b>	<b>For Dependent Children Only</b>
Cancer (Life-Threatening)	✓	✓
Coronary Artery Bypass Surgery	✓	✓
Heart Attack	✓	✓
Stroke	✓	✓
Cerebral Palsy		✓
Congenital Heart Disease		✓
Cystic Fibrosis		✓
Down Syndrome		✓
Muscular Dystrophy		✓
Type 1 Diabetes		✓

## Plan Details

- One low monthly price of \$39.95 covers all eligible family members – an insured adult, an insured spouse and any number of dependent children
- To apply or to find out more, visit **Website:** <https://solutionsinsurance.com/marsh>

NOTE: All links must direct to <http://solutionsinsurance.com/marsh>

## The Student Accident claims process is detailed below:

**Below are instructions on how to submit Student Accident Claims on a go forward basis. Please note: The KidsPlus form is not to be used for Student Accident claims.**

- Visit the website <https://www.solutionsinsurance.com/client-centre> and go to the very bottom - click on the link for the form titled **Blanket Student Accident Claim Form** (attached). This form is to be used for: dental claims, hospital related expenses, doctor related expenses etc. (additional forms are not required by ia). **Note the exceptions are loss of limb/sight/hearing/paralysis/death.** Please contact Cassandra Williamson at [cassandra.williamson@marsh.com](mailto:cassandra.williamson@marsh.com) or 306-683-6959 for claims of this nature.
- Please ensure the only policy number you use on the form is Policy #100010601 - this is the policy number for the Saskatchewan School Boards Association General Insurance Plan (SSBA GIP). Please also include the name of the school division on the form (field next to policy number field).
- If you have any questions while completing the form or if you've already submitted a claim and wish to follow up please call 1 (800) 266-5667.
- All original documents, including the claim form, must be mailed to ia's office in Vancouver, BC which is addressed on the form.
- With respect to the claim form, if there was no attending physician (i.e. if the claimant received an ambulance ride and was treated thereafter) please include all relevant documentation (receipts, invoices) to ensure ia's adjudicators have all information available to them.

We thank you in advance for your support of the above captioned Student Accident claim reporting process.

If there are any questions please contact me or Innocent Ihenyen at the SSBA.

## **Please review the information below regarding how to report accidents and claims:**

Please note that effective **August 1, 2019**, all school **ACCIDENT REPORTS**, are to be submitted on the Optic Risk Platform.

The links to report accidents and claims are below, and can be saved on your division's intranet for easy access:

Incident Reporting: <https://www.opticrisk.com/SSBA/forms/AccidentIntake.aspx>

General Claims: <https://www.opticrisk.com/SSBA/forms/intake.aspx>

You can also move between intake and accident intake by clicking the button relevant near the top of the screen labelled either "General Intake Form" or "Accident Intake Form", beside the intake progress drop down list.

In order to submit the form, you need to fill out all the mandatory fields and then click the “save” button that’s either at the top or bottom of the page.

The mandatory fields are the ones marked in orange.


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## 1 General

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School

Name and Address of School

Date of Incident  

Time of Incident

Telephone #

Description of how Incident Occurred

[Add Witnesses](#)

Location of Incident

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## 2 Injury/Loss Details

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Bodily Injury or Loss / Damage to Facility  Injury  Property

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## SECTION A

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If any mandatory fields are not filled out, and the user clicks save. A red box will appear at the top of the screen showing which fields still need to be filled out

## Claim Intake

Save

Cancel

- Bodily Injury or Loss / Damage to Facility is a required field.
- School is a required field.
- Name and Address of School is a required field.
- Date of Incident is a required field.
- Time of Incident is a required field.
- Telephone # is a required field.
- Description of how Incident Occurred is a required field.
- Submitter Name is a required field.
- Submitter Title is a required field.
- Submitter Email is a required field.

All sections highlighted in yellow must be completed. If the submitter does not have all the information, the intake form can be saved as an incident until pertinent information is obtained.

After the form is submitted it will sit in the incident/claim intake list like the ones that appear from the general intake form. Until someone reviews it, and cancels it or makes it into an incident or claim.

Thank you  
Have a great day

### Sarah Hamel

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