



## Health and Dental Booklet



# OCAD University Benefit Plan

September 1, 2011 – August 31, 2012

This Booklet contains important information  
and should be kept for future reference.

OCAD University is pleased to sponsor the Health and Dental Benefit Plan (“the OCAD U Plan”), outlined in this booklet. All benefits are underwritten by Industrial Alliance Financial Group under Group Contract No. 28223, unless otherwise noted. This Booklet provides you with a description of the benefits to which you are entitled, an explanation of the rules regarding eligibility and the procedures to follow when submitting a claim. The benefits described here may be revised from time to time or discontinued.

The information contained in this booklet does not create or confer any contractual or other rights. All claims are considered, and paid, in accordance with the rules of the Plan and the insurance contracts. The Administrator and/or Insurance Companies have the full authority to resolve all questions related to the provisions of the OCAD U Plan. The Administrator has the right and opportunity to examine any person whose injury or illness is the basis of a claim, when and as often as it may reasonably require during the pendency and payment period of any such claim.

Your student identification number, name, gender, and date of birth are used by The Administrator to determine your eligibility for benefits while you are a member of the OCAD U Plan. Without the use of this information you are still covered for benefits, however, your claims may not be adjudicated. Your personal information is used only for this purpose and stored with the utmost attention to security and deployed sparingly to fulfill the requirements of the OCAD U Plan and the law. For further information on the use of this information or to revoke the use of this information, contact the Administrator.

**For OCAD U Benefit Plan details, reimbursement and claim enquiries contact the Claims Payment Office at**

**The PBAS Group**  
100-61 International Blvd.  
Toronto, ON, M9W 6K4  
Tel: 1 (888) 404-6623 or (416) 674-2600

[terri\\_lima@pbas.ca](mailto:terri_lima@pbas.ca)

**[www.studentbenefits.ca](http://www.studentbenefits.ca)**

**For information regarding eligibility and rates contact the Campus Administrator:**

**Kelly Faller**  
Financial Aid & Awards Office  
Level 1, 100 McCaul Street  
Toronto, Ontario, M5T 1W1  
Tel: (416) 977-6000 ext 257 Fax: (416) 599-4958

[kfaller@ocad.ca](mailto:kfaller@ocad.ca)

**Important Deadlines**

Opt out of the OCAD U Plan: **September 30, 2011**

Add your spouse or children to the OCAD U Plan: **September 30, 2011**

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# ELIGIBILITY

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## Am I eligible for benefits?

To be eligible for coverage you must be:

- enrolled as a full-time student at OCAD U; or
- enrolled as a part-time student at OCAD U;
- under the age of 65; and
- covered under a Provincial Health Care Plan or equivalent.

**Full-time** students are automatically enrolled in the OCAD U Health and Dental Benefit Plan when they register for classes. The cost is included in the registration fee. If you have fulfilled the requirements for eligibility, you will have a twelve (12) month term of coverage commencing September 01. Students enrolling after September 01 will be eligible for the balance of the student year.

**Part-time** students are **not** automatically enrolled and must register online at [www.studentbenefits.ca](http://www.studentbenefits.ca) and pay the applicable fee before the deadline. If you have fulfilled the requirements for eligibility, you will have a twelve (12) month term of coverage commencing September 01. Students enrolling after September 01 will be eligible for the balance of the student year.

## Are my Spouse and/or Dependant Children eligible for benefits?

Yes, your Spouse and Dependant Children can be covered for benefits. In order to be eligible, your dependants must be covered under a Provincial Health Care Plan and you must pay the applicable fee before the deadline. Your spouse and dependant children become eligible when you become eligible.

**Spouse** - a person to whom you are legally married or whom you have cohabited with for at least one continuous year (same sex couples are eligible).

**Dependant Children** – include children either natural, legally adopted, stepchildren or other children that live with you on a full-time basis, who are under the age of 21 and depend on you for support while living in a parent-child relationship.

Children, under the age of 25 who are in full-time attendance at an accredited educational institution or unmarried dependant children over the age of 21 who have been identified as disabled, are eligible for coverage. Documentation will be required each student year.

## How do I add my Spouse and Dependant Children to the plan?

If you choose to add your eligible spouse and/or dependant children to the OCAD U Plan, you must complete the required form, online at [www.studentbenefits.ca](http://www.studentbenefits.ca). You must complete this process by September 30, 2011.

The applicable fee will be charged to your OCAD U Student Fees Account. Due to processing, this fee will appear on your OCAD U Student Fees Account within two weeks.

## **ELIGIBILITY**

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### **When does my coverage terminate?**

Coverage for you and your dependants will terminate on August 31; unless:

- you cease to be an eligible student;
- you attain the age of 65;
- premium payments by OCAD University cease; or
- your plan is discontinued.

Coverage for your dependants will terminate on the date your dependants do not meet the definition of an eligible dependant.

### **Can I opt out of the Health and/or Dental Plan?**

If you choose to exclude yourself from the Plan, you must complete the required form, online at [www.studentbenefits.ca](http://www.studentbenefits.ca). In order to opt-out of this plan, you must be enrolled in another health and/or dental plan. You must complete this process by September 30, 2011.

### **Is there a reason why I should keep the OCAD U Plan, if I am covered elsewhere?**

The OCAD U Benefit Plan has been specifically designed around student needs, by Students. By remaining enrolled in both this plan and another plan, you can maximize your total coverage by coordinating the benefits of the two plans.

Students who have more than one group benefit plan can coordinate their benefits under each plan to increase coverage to 100% of the total eligible expense. The payments from each plan are adjusted to limit the reimbursement to the total expense paid.

### **When will I receive my refund if I choose to opt out of the OCAD U Benefit Plan?**

If you are already covered under an extended health and dental plan, and you choose to opt-out of this Plan, Financial Services will credit your account in late October. If you have not paid your fees in full, the refund will be applied to your OCAD U Student Fees Account. If your OCAD U Student Fees Account has been paid in full, you may request a refund.

When your opt-out request has been approved, it will remain in force for the entire student year. If your extended health and/or dental plan terminates, you have 30 days from the loss of coverage to notify the administrator, in order to be covered under our plan, for the remainder of the student year. You must provide a copy of your Notice of Termination as well as pay the applicable fees.

## HEALTH BENEFITS-AT-A-GLANCE

### Is there a brief description of the coverage offered by the Health Plan?

Yes, our plan offers a brief description of the coverage called Health Benefits-at-a-Glance which is listed below.

<b>Health Benefits-at-a-Glance</b>	<b>Accidental Dental</b>	\$1,000 per injury
	<b>AD&amp;D</b>	\$6,000 per life, \$18,000 max for dismemberment
	<b>Ambulance</b>	No maximum
	<b>Durable Medical Equipment *</b>	\$3,000 per student year
	<b>Health Practitioners</b>	As listed below
	<b>Chiropractor</b>	\$300 per student year
	<b>Naturopath</b>	\$300 per student year
	<b>Occupational Therapist *</b>	\$300 per student year
	<b>Physiotherapist *</b>	\$300 per student year
	<b>Podiatrist/Chiropodist</b>	\$300 per student year
	<b>Registered Massage Therapist *</b>	\$300 per student year
	<b>Speech Therapist *</b>	\$300 per student year
	<b>Oral Contraceptives</b>	Covered at 90% up to \$300 per student year
<b>Prescription Drugs</b>	Covered at 90% up to \$3,000 per student year	
<b>Tutorial Benefit</b>	\$15/hour, \$1,000 maximum per disability	

### **\*Referral required**

Benefits-at-a-Glance has been created as an easy way to assist students to maximize health coverage. This is a basic overview of your health plan; a complete description of all benefits including specific limits and deductibles are listed further in this booklet. It is recommended that you contact the Administrator before incurring any major expenses.

# DENTAL BENEFITS-AT-A-GLANCE

## Is there a brief description of the coverage offered by the Dental Plan?

Yes, our plan offers a brief description of the coverage called Dental Benefits-at-a-Glance and is listed below.

<b>Dental Benefits-at-a-Glance</b>	<b>Benefit Maximum</b>	<b>\$750 per student year</b>
	<b>Deductible</b>	Nil
	<b>Diagnostic &amp; Preventive</b>	100%
	<b>Restorative</b>	80%
	<b>Endodontic &amp; Periodontic</b>	10%
	<b>Oral Surgery</b>	10% (Wisdom Teeth Extraction covered at 80%)
	<b>Anesthesia</b>	80%
<p>Payments will be based on the Ontario Dental Association Suggested Fee Guide for Dental Services provided by General Practitioners, in effect at the time of treatment.</p>		

Benefits-at-Glance has been created as an easy way to assist students to maximize dental coverage. This is a basic overview of your dental plan; a complete description of all benefits including specific limits and deductibles are listed further in this booklet. It is recommended that you contact the Administrator before incurring any major expenses.

# DESCRIPTION OF HEALTH CARE BENEFITS

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## Is there a complete description of the coverage offered by the Health Plan?

This section of the booklet contains information pertaining to the health portion of your benefit plan. Your benefits come into effect after any Provincial Health Care annual maximums have been exhausted.

Covered charges are reasonable and customary expenses needed for medical care, services or supplies, as described below, and received while the person is eligible, for either an illness or injury that is non-occupational or related to pregnancy. No amount will be payable for taxes and/or shipping and handling charges/fees for any covered service/product(s).

### 1. Accidental Dental - \$1,000 per injury

Charges for dental services by a licensed dentist for the repair of sound natural teeth (healthy, non-diseased and not heavily restored) are covered when required for a non-occupational accidental injury, external to the mouth, which occurs while the person is covered. No amount will be payable for injury caused by an object placed in or on the mouth, self-inflicted or to existing dentures, crowns, or bridgework.

Benefits shall be paid in accordance with the Ontario Dental Fee Guide for General Practitioners, in effect at the time of treatment. Treatment must commence within 90 days following the date of the accident, and the care or services must be completed within one year from such date. No amount shall be payable for charges incurred after the termination date, or after the person's coverage terminates.

When submitting a claim for Accidental Dental, you are required to submit a letter detailing when and how the accident happened. The attending dentist must confirm that the treatment is the result of an accident. It is recommended that the dentist submit a predetermination outlining the course of treatment and the resulting cost.

### 2. Accidental Death and Dismemberment (AD&D) – See AD&D Booklet

(This benefit underwritten by ACE INA under Policy Number SG10361101)

This coverage applies to the student only. The amount of the benefit is limited to the percentage shown in the schedule of losses. For complete details of coverage and to download your copy of the Accidental Death and Dismemberment Policy, please visit [www.studentbenefits.ca](http://www.studentbenefits.ca).

## **DESCRIPTION OF HEALTH CARE BENEFITS**

### **3. Ambulance – No Maximum**

Charges for licensed ambulance service are covered, including air or rail, in excess of the amount payable under the covered person's Provincial Health Care Plan.

The coverage includes the transport of the covered person from the place of debilitation to the nearest hospital where treatment is available, or from the first hospital to another for specialized treatment not available at the first hospital, or to a convalescent/rehabilitation hospital.

### **4. Durable Medical Equipment - \$3,000 per student year (Referral Required)**

Charges are covered for the rental or purchase of durable medical equipment based on the nature and severity of the covered person's medical needs. Before incurring any major expenses it is recommended you submit details to the Administrator to determine to what extent benefits are payable. Covered items include:

- hospital beds, wheelchairs, canes, crutches, walkers and trusses;
- respiratory equipment, including oxygen (\$1,500 per student year);
- kidney dialysis equipment;
- contact lenses/glasses following cataract surgery (1 pair per lifetime);
- splints, casts, catheters, and hypodermic needles;
- elastic stockings (2 pairs per student year);
- blood glucose monitor (\$500 per student year);
- insulin pumps (\$500 per lifetime);
- aero chamber (1 per student year);
- custom-made rigid or semi-rigid braces for back, neck, arm or leg and non-dental prostheses such as artificial limbs and eyes; including replacement if required because of a change in physical condition.

Excluded are personal comfort, convenience, exercise, safety, self-help or environmental control items, or items which may also be used for non-medical reasons, such as, but not limited to: heating pads or lamps, communication aids, air conditioners or cleaners, and whirlpool baths or saunas.

In order to submit a claim for durable equipment, a letter will be required from a licensed doctor (M.D.) describing the nature of the disability, the type, medical need and estimated duration of any required durable medical equipment.

## **DESCRIPTION OF HEALTH CARE BENEFITS**

### **5. Health Practitioners – \$300 per student year**

Charges, for the following Health Practitioners, are covered when registered and legally practicing within the scope of his/her license:

- Chiropractor
- Naturopath
- Occupational Therapist (Referral Required)
- Physiotherapist (Referral Required)
- Podiatrist/Chiropodist
- Registered Massage Therapist (Referral Required)
- Speech Therapist (Referral Required)

If an X-Ray is recommended by any of the above Health Practitioners, an additional \$25 is covered towards this expense. No amount will be paid for any visit for which any amount is payable under the covered person's Provincial Health Care Plan, unless permitted by law.

### **6. Oral Contraceptives – 90% up to \$300 per student year**

Contraceptives require a physician's prescription and must be dispensed by a pharmacist. The plan is limited to one intra-uterine device (IUD) that contains medicinal content per student year. No amount shall be payable for IUD's that do not contain medicinal content.

### **7. Prescription Drugs - 90% up to \$3,000 per student year**

Coverage is limited to the cost of the lowest priced equivalent item in the applicable generic category that can be legally used to fill your prescription. Our plan covers up to a 34 day supply of therapeutic (acute) drugs and up to a 100 day supply for maintenance drugs unless prior approval is obtained from The Administrator.

Our Plan covers a list of prescription drugs, professionally compiled to address the needs of students. The "Student Managed Drug Formulary" is designed to help reduce the cost of the Plan while maintaining comprehensive quality care and benefits.

Eligible drugs including those within the following general categories

- eligible drugs which by law require a prescription for purchase;
- compound mixtures where one of the ingredients is an eligible item.

It should be noted that drugs are only considered eligible if they were prescribed by a licensed doctor (M.D.) or licensed dentist or another professional, authorized by provincial legislation to prescribe drugs, and dispensed by a registered pharmacist or licensed doctor (M.D.).

## DESCRIPTION OF HEALTH CARE BENEFITS

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### 7. Prescription Drugs - 90% up to \$3,000 per student year (Cont'd)

You may search for a particular drug online at [www.studentbenefits.ca](http://www.studentbenefits.ca), Select OCAD University, link to Coverage, then Prescription Drugs and select Drug Coverage Search. You must enter the Drug Identification Number (DIN) or Drug Name in order to see if your drug is eligible.

The only drugs not legally requiring a prescription which will be reimbursed if accompanied by an official prescription receipt from the pharmacist are:

- vaccines/serums (if required to complete course, authorization required);
- insulin;
- diabetic supplies:
  - insulin syringes and needles;
  - diagnostic reagents for the diagnosis and monitoring of diabetes;
  - lancets;

Specifically excluded from coverage, whether legally requiring a prescription or not, are:

- all smoking cessation products;
- fertility drugs;
- prescription mouthwashes;
- hair loss and hair growth agents;
- vitamins (other than injectable);
- dietary foods / supplements;
- household products such as, but not limited to, soap and toothpaste;
- oral drugs for the treatment of erectile dysfunction.

OCAD U has worked with our administrator in order to increase savings for students by utilizing Mail Order Pharmacy. When you use Pharmex, a Mail Order Pharmacy, you will pay only 5% of medication cost and pay a low dispensing fee of \$6.75.

Pharmex specializes in maintenance or long-term medications. Maintenance medications control chronic conditions such as high blood pressure, cholesterol, birth control and depression. They are prescribed by your physician for extended periods of time. If you have a prescription for an acute care need, antibiotics for example, OCAD U advises you in the best interest of your care, to have it filled locally.

In order to obtain your prescriptions using Pharmex. The first time your doctor writes a prescription for a medication you have not taken, simply have him or her fax or telephone the prescription to Pharmex using the toll free numbers shown below:

Phone: 1-800-663-8637

Fax: 1-800-263-8746



## **DESCRIPTION OF HEALTH CARE BENEFITS**

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### **8. Tutorial Expenses - \$15 per hour up to \$1,000 per disability**

(This benefit applies to the student only and is underwritten by ACE INA)

If you become disabled while covered and are confined at home or in a hospital for a minimum of 15 consecutive school days, you are eligible for the private tutorial services by a qualified teacher, up to the Benefit Maximum. The teacher must be approved by the Campus Administrator in advance. Disabilities due to the same or related cause will be treated as one disability. If the disability is the result of an accident, confinement must occur no later than 100 days after the accident. Disabled means that you cannot, because of illness or injury, engage in most of the normal activities of a person of the same age or sex.

### **Are there limitations to the Health Care Benefit Plan?**

No amount will be paid for care, services or supplies:

- if the payment is prohibited by law;
- if the benefit is covered under any governmental plan or law;
- where no charge would have occurred in the absence of this coverage; or
- for dental work, excluding for Accidental Dental.

No amount will be paid for any charge incurred as a result of:

- war, whether declared or not;
- insurrection, rebellion or participation in a riot or civil commotion;
- purposely self-inflicted injury; or
- the covered person's commission of, or attempt to commit, an assault or a criminal offence.

# DESCRIPTION OF DENTAL BENEFITS

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## Is there a complete description of the coverage offered by the Dental Plan?

This section of the booklet contains information pertaining to the dental portion of your benefits plan. Covered dental care charges are paid when they are incurred while the person is insured and service is provided by a licensed dentist, dental hygienist, anesthetist or specialist. The term “dentist” in this provision intends to include all of the above. If treatment is given by a specialist, the amount paid will be limited to the amount stated for that treatment in the Ontario Dental Association Suggested Fee Guide for Dental Services provided by General Practitioners as described below.

### Diagnostic and Preventive – 100%

These are procedures used to treat or help prevent basic dental problems. Some of the procedures are examinations and x-rays.

#### **Examinations**

- Initial or Complete Examinations (1 exam per student year)
- Recall Examinations (1 every 6 months)
- Specific Examinations
- Emergency Examinations

#### **X-Rays**

- Full Mouth Series X-rays (1 time in a 3 year period for dependants age 12 or older)
- Periapical X-rays (total of 16 films in a 3 year period)
- Bitewing X-rays (total of 4 films in a student year)
- Panoramic X-rays (1 time in a 3 year period)

#### **Cavity Prevention**

- Polishing or Cleaning Teeth (2 units per student year)
- Recall Scaling (4 units per student year)
- Fluoride (1 time in a student year for dependants age 16 or younger)
- Oral Hygiene Instruction (covered 1 time only)
- Pit and Fissure Sealants (1 time in a 3 year period for dependants age 16 or younger)

**Space Maintainers** (1 per space for dependants age 14 or younger)

### Restorative – 80%

Procedures include local anesthesia, removal of decay, pulp protection and bite adjustment.

#### **Fillings**

- Sedative, Silver and White Fillings
- Retentive Pins

# **DESCRIPTION OF DENTAL BENEFITS**

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## **Endodontic and Periodontic – 10%**

Procedures include root canals, root planning and management of oral disease.

### **Endodontic**

- Pulpotomy
- Root Canal (1 time per tooth)

### **Periodontic**

- Oral Disease
- Desensitization
- Gingival Curettage
- Gingivectomy
- Flap Surgery
- Tissue Graft
- Root Planing

## **Oral Surgery – 10%**

Procedures include local anesthesia, appropriate x-rays, surgery and follow-up care.

### **Minor**

- Extractions, Erupted Teeth (wisdom teeth are covered at 80%)
- Residual Root Removal

### **Major**

- Extractions, Surgical (wisdom teeth are covered at 80%)
- Alveoloplasty, Gingivoplasty, Stomatoplasty, Vestibuloplasty
- Surgical Excision
- Surgical Incision
- Fractures
- Frenectomy
- Post Surgical Care

## **DESCRIPTION OF DENTAL BENEFITS**

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### **Anesthesia - 80%**

- General Anesthesia
- Deep Sedation
- Inhalation Technique
- Intravenous Sedation

### **Are there any limitations to the Dental Care Benefit Plan?**

No amount will be reimbursed for the following expenses:

- dental charges that could be claimed under Workers' Compensation;
- dental charges not included in the current provincial Fee Guide;
- cosmetic procedures, experimental treatment or testing;
- charges for appointments that are not kept;
- charges for the completion of claim forms;
- treatment to correct temporomandibular joint dysfunction (Jaw);
- endodontic treatment that started before the effective date of coverage
- dental appliances;
- any orthognathic surgery (remodeling or reconstruction of your jaw);
- procedures or supplies used in vertical dimension corrections (changing the height of the teeth) or to correct attrition problems (worn down teeth);
- implanting fabricated teeth or any major surgery resulting from implanting fabricated teeth;
- crowns, bridges, dentures, major restorative, orthodontic services.

## **SUBMITTING A CLAIM**

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### **How long do I have to submit a claim?**

Claims must be submitted within **6 months** of the date of loss. If the Plan terminates, claims must be submitted within 3 months from the termination date. Legal action to recover benefits must begin within 2 years of the date of loss.

### **Can I assign my benefits?**

Yes, your plan allows you to assign your benefits to the provider. Remember that when you assign your benefits, the explanation of benefits is mailed to the provider only. The assignment of benefits must be signed on the last day services were rendered.

### **Can claims be made with a Benefits Card?**

You and your eligible dependants can purchase prescription drugs and dental services using Pay-direct. Print your Benefits Card from our website, [www.studentbenefits.ca](http://www.studentbenefits.ca). Remember that all benefits have limits and some pharmacists and dental offices do not submit claims electronically.

In order to make a claim, the card should be presented to your pharmacist or dental office at the time of expense, in order to access the pay-direct system. Your claim is processed immediately; eliminating the need for you to mail in a paper claim form.

### **How do I submit a claim without a Benefits Card?**

All benefits other than Prescription Drugs and dental services are paid on a reimbursement basis. To make a claim you have two options;

1. Mail in a claim form (available online at [www.studentbenefits.ca](http://www.studentbenefits.ca) or from the campus administrator) along with original receipts to the Administrator. For dental claims, a standard dental claim form can be obtained from your dental office. Remember to complete each section of the claim form in full.
2. Online Claim Submission is an easy and practical way to submit for benefits. You must login to Online Member Registration in order to access the Online Claim Submission form. For more details, visit our website, [www.studentbenefits.ca](http://www.studentbenefits.ca). Students are responsible for retaining original claim receipt(s) for 12 months following the date of your online claim submission(s). The administrator may request the original receipts at anytime within the 12 months following your submission.

### **Where do I get my Benefits Card?**

Your personalized Benefits Card can be printed from our website, [www.studentbenefits.ca](http://www.studentbenefits.ca) under Online Member Registration. The card should be presented to your pharmacist (along with your prescription) and/or dental office, in order to access the pay-direct system. Your claim is processed immediately without the need for you to mail in a paper claim form.

## **SUBMITTING A CLAIM**

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### **Will my Benefits Card always work?**

Every student year has a "Blackout Period". This means that pay-direct access is suspended until the eligibility for the new student year has been determined and uploaded. This usually happens after the opt-out deadline. During this time, you should purchase any prescription drugs required and submit the claim to the Administrator for reimbursement.

### **Can I avoid the "Blackout Period"?**

If you require access to your pay-direct benefits before the Blackout Period ends, please visit [www.studentbenefits.ca](http://www.studentbenefits.ca) and complete the "Avoid Blackout Period" form in full. If you choose this option, you waive the right to opt out of the Plan for that student year.

### **What if I have more than one plan?**

In the case of a claim for you, the student, this plan is the first payer and the dependant coverage available through your spouse's plan is the second payer. In the case of a spouse's claim, our plan is the second payer if they have their own plan.

For dependant children, claims are submitted first to the benefit plan for the parent whose birthday (month and day) occurs earlier in the calendar year, regardless of age.

Following the reimbursement from the first payer, copies of the receipts and the explanation of benefits must be submitted to the other plan so that the balance can be considered for payment.

### **What advantages are there to Online Member Registration?**

In the Online Member Registration Section of our website you are able to print a personalized benefits card for you and eligible dependants, register for direct deposit and submit claims online.

### **Can I register for direct deposit?**

If you currently receive your cheques by mail and you want to take advantage of direct deposit, you must complete the required form, online at [www.studentbenefits.ca](http://www.studentbenefits.ca) under the member registration section of the website. We can usually begin your direct deposit payments the week after you submit your request.

To make this process even simpler, have a blank cheque on hand when you register, as all the information we require is on your cheque. Your payments can be deposited into a chequing or savings account. If you have another kind of account, please call your financial institution to find out what accounts you can use for direct deposit.

We do not charge you service fees for the direct deposit service. However, some financial institutions may charge you fees. Please contact your bank or financial institution for more details.



## **SUBMITTING A CLAIM**

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### **Can I cancel direct deposit?**

To cancel your direct deposit and have your reimbursement sent to you by mail, you must send us a letter indicating your wish to cancel the direct deposit service. It can take up to three weeks to process your request. It is suggested that you keep your old bank account open until you start receiving your benefits by cheque. Your payments will continue to be deposited directly to the same account unless you change your banking information with us.

### **How do I know my claim details when I use direct deposit?**

Before the payment has been deposited into your account, you will be emailed a detailed Explanation of Benefits (EOB). With normal bank clearing procedures, the deposit will appear in your bank account within two or three business days.

### **What if I don't receive a payment?**

If your payment has not been deposited within five banking days after the payment was supposed to go into your account, you should check with your financial institution. If you still have not determined why your payment was not deposited into your account, please feel free to contact the Administrator.