

CREDITOR CLAIMS FAQ (DISABILITY)

Please ensure that you have read your Certificate of Insurance carefully, particularly the section entitled "LIMITATIONS AND EXCLUSIONS."

General

1. How do I start a claim?

Contact us at 1-800-549-7227 or visit us at <https://ia.ca/make-a-claim> and select "Coverage obtained through a vehicle dealership."

2. What is iA's contact information?

Phone: 1-800-549-7227
Fax: 1-833-733-9519 or 604-733-9519
Email: cr.claims.iads@ia.ca
Address: 400-988 Broadway W
PO Box 5900
Vancouver BC V6B 5H6

Please note that email is not a secure method of communication.

3. Can I email information to you?

You can, however, email is not a secure method of communication and should only be used to send non-confidential material. If you do choose to email us, please send attachments in PDF, PNG or JPG format.

4. How long does the process take?

Upon receipt of all application forms, we endeavor to notify you within 10 business days:

- If more information is required, or
- That your claim is approved and paid, or
- If your claim cannot be processed and the reasons why.

We may find it necessary to correspond directly with your physician(s) for additional medical information to assess your claim.

Please note that we depend on the quality of the medical information given by your physician(s) to assess your claim. Incomplete or lack of information will cause delays.

5. How long do I have to submit my claim?

Generally claim forms should be received within 90 days of the onset of your claim. We recommend that you submit your claim as soon as possible after your waiting period has been satisfied to avoid unnecessary delays.

6. Will my claim be approved?

Claim approval is subject to the terms and conditions of your certificate of insurance. iA Financial Group evaluates the information provided by you, your physician(s), and other sources as required. We determine your eligibility for coverage and assess the claim based on the limitations and exclusions on your certificate of insurance.

Claim Forms

7. What is the authorization form for?

The authorization form permits us to obtain additional information as required to evaluate your claim.

8. I'm seeing several health care professionals. Which one should I ask to complete the Attending Physician's Statement?

It is recommended that your family doctor or primary care physician complete the form to ensure the information is as complete as possible. Please note that a Doctor of Medicine (MD) must complete the Attending Physician's Statement.

9. If my doctor charges a fee to complete the form, will you pay for it?

You are responsible for securing the Attending Physician's Statement and any charges for its completion. When iA Financial Group requests information directly from your physician(s), we will offer to pay a correspondence fee for it.

10. Can I attach additional documents to my claim forms?

Yes, you can attach any supplemental documents you believe are pertinent to your claim.

Payments

11. Do I still need to make my payments while my claim is being processed?

It remains your responsibility to continue to make payments to your financial institution throughout the claim process. We recommend that you contact your financial institution to make any arrangements to ensure that you do not default on your obligation.

12. How is the payment amount calculated?

The benefit amount is defined by the certificate of insurance you have purchased. If your claim is accepted, our benefit payments will be made on a "benefit month" basis, in arrears, starting one month after the benefit start date. This means that each payment is issued at the end of the period it covers.

Note: Some coverage types may differ. Please review your certificate for more information about your benefits.

13. Will the payment come to me?

Due to the nature of creditor insurance, benefit payments are made directly to the financial institution to reduce your financial obligation under the loan. We will notify you of any payment(s) made.

14. I kept making my payments. Will I get a reimbursement?

If you have continued to make payments to your financial institution throughout the claim, we recommend you contact them directly to inquire about their reimbursement process.

15. How long will it take for my financial institution to receive my payment?

Benefit payments are sent to your financial institution via cheque. Mailing times may vary depending on Canada Post's delivery standards. Cheque processing times also vary by financial institution, but including your loan number and VIN where requested on the forms may expedite this process.

16. Why are you not making my payments on my loan due date?

Benefits considered on your claim are payable based on your disability date, not in relation to your loan payment date.

17. Why was only part of my loan payment covered?

When the period of total disability is less than one month (30 days), the benefit amount is calculated at a daily rate.

Note: Some coverage types may differ. Please review your certificate for more information about your benefits.

Decisions

18. What happens if I don't return to work as expected?

Generally an update regarding your condition is required to extend your claim. Contact us directly if you have questions about the next steps. If your condition improves or deteriorates significantly, you must notify iA Financial Group immediately.

19. Why do I need to fill out more forms when I sent in an application kit already?

We require updates on your claim (medical or otherwise, as required) to assess your claim for benefits under the terms and conditions outlined in your certificate. We will only request information when deemed appropriate for your claim.

20. What if I disagree with a decision on my claim?

Please contact us if you disagree with the decision on your claim. Often an issue can be resolved by providing you with more information about your claim or what is covered by your certificate.

21. What is a pre-existing condition?

In general, a pre-existing condition is any condition for which you had medical treatment, took medication, had symptoms and/or were being investigated before you purchased your certificate of insurance. This means your claim may not be payable if it is related to a health problem you had before the coverage began. Keep in mind every insurance policy is different. The exact definition of a pre-existing condition can be found in your certificate.

The above is provided for information purposes only,
if there is any conflict with the certificate of insurance
the certificate will take precedence.

INVESTED IN YOU.