Group Life and Health Insurance Claims

HOW TO FILE A GROUP HEALTH CLAIM

Claim forms are available from your employer, your medical provider or from Sagicor. These forms should be completed thoroughly and accompanied by all relevant information relating to the claim.

A health claim may also be processed electronically by swiping your CariCARE™ card at specific providers. Online claims settlement is available to all eligible employees and allows insured persons to have their health claims settled 'real time', right at the health-care provider's office. Employees will be required to pay to the Provider only his/her portion of the liability. Through this system, the completion of health claim forms is not required. Should the system be unavailable for any reason, the insured should complete a health claims form for submission to Sagicor.

INTERNATIONAL MEDICAL CARD

Being a CariCARE™ Plan Member, you are provided with a Medical Card that affords you enhanced protection against emergencies while traveling or assistance for overseas treatment by Pre-Arrangement with Sagicor. Your card ensures that all your eligible medical bills related to emergency anywhere in the world are paid. A single phone call activates a series of events that leads to prompt and efficient medical care that can help you and your Dependants in an emergency.

The CariCARE™ out of country treatment while traveling provides access to Sagicor's overseas medical intermediary, Global Medical Management Inc (GMMI) and provides access to a wider network of healthcare providers both locally, regionally and internationally.

ONLINE CLAIM SETTLEMENT PROCESS

Our innovative upfront process has made the claims settlement process faster and easier for Sagicor customers.

Step 1
The Sagicor Group Health customer presents his/her card at any participating provider.

Step 2
The card is swiped and the customer is deemed eligible. The provider then informs the customer what amount Sagicor will cover and how much remains for the customer to pay.

Step 3
Sagicor pays the provider directly on the customer's behalf. Look for the Sagicor logo at participating providers including your local pharmacies, general practitioners, specialists, diagnostic and laboratory facilities and vision and dental providers.

PAYMENT OF CLAIM

Except where you elect to receive claims settlements by electronic means, all claim settlement cheques will be sent to you unless you previously authorized payment of the person rendering services, treatment or supplies. If you die before all benefits have been paid the remaining benefits may be paid to any person satisfying Sagicor of their entitlement to receive payment. Liability will be considered fully discharged by such payment.

MEDICAL REPORTS

Sagicor will be entitled to request and to obtain from the physician, surgeon or other health care providers information with respect to the nature of any illness or disease for which an insured has received treatment. Sagicor will also be entitled to request and obtain copies of prescriptions either from the physician or surgeon issuing the same or from the pharmacy dispensing the same.

FRAUD

All claims will be subject to examination for fraud and irregularities. If an insured person tries to obtain or succeeds in obtaining, through fraud, deceit or any other act of dishonesty, benefits paid to himself or any person that otherwise would not be payable, Sagicor will be entitled to suspend assignment of benefits and/or terminate the coverage of such insured person immediately without prior notice.

HOW TO FILE A GROUP LIFE CLAIM

Proof of Death forms are available from your employer. This Form should be thoroughly completed and accompanied by certified copies of the following:
• Birth Certificate as proof of age of the deceased insured (If not available, the National Identification Card will suffice).
• National Identification Card of any named beneficiary.
• Death Certificate.
• Grant of Representation where claim is made by a Personal Representative.

Sagicor may request an autopsy in connection with a claim for death.

PAYMENT OF BENEFIT

Upon receipt of satisfactory proof of the death of the insured person, Sagicor will pay the death benefit.

LEGAL PROCEEDINGS

No legal proceedings should be brought to recover any benefits under the Group Life Plan prior to the expiration of 60 days after proof of claim has been furnished in accordance with the requirements. No action should be brought unless commenced within 2 years from the expiration of the time within which proof of claim is given.

FRAUD

All claims shall be subject to examination for fraud and irregularities. If an insured person tries to obtain or succeeds in obtaining, through fraud, deceit or any other act of dishonesty, benefits paid to himself or any person that otherwise would not be payable, Sagicor will be entitled to terminate the coverage of such insured person immediately without prior notice.

Where Sagicor has evidence of fraud or other claims irregularities, it will have the right to cancel the Plan; suspend assignment of benefits; or withdraw insurance coverage with respect to one or more insureds with immediate effect by giving notice in writing to the Policyholder. The Policyholder is required to cooperate fully in any effort by Sagicor to recover monies from an insured which were paid as a result of that insured's dishonesty.

LIFE AND ACCIDENTAL DEATH BENEFITS

Your Employer should be notified as soon as possible after an insured's death.
Sagicor can request an autopsy in connection with a claim for death under the Accidental Benefit except where it is not permitted by law.

Other claims for losses under the Accidental Death or Dismemberment Benefit should be filed within 365 days from the date of the loss, if it is possible to file the claim within 365 days. Sagicor should be notified of the pending claim.