

HOW TO CLAIM

The information below should provide you a guide of what to do when a claim arises. All claim document(s) should be mailed to:

JF Insurance Agency Group Inc.

15 Wertheim Court, Suite 501, Richmond Hill, ON L4B 3H7

* Reimbursement cheque (if applicable) can be paid to the insured or to the 3rd party (such school, relative, or friend). You could indicate your option in the JF Elite Plus Student Claim Form.

HOSPITAL ADMISSION

In the event of emergency and hospitalization, please call Ontime Care Worldwide

IMMEDIATELY:

From Canada and USA: 1-866-209-5804 (TOLL FREE)

From Worldwide: 905-707-9555 (COLLECT CALL)

Note: Do not assume someone will contact Ontime Care Worldwide Inc. on your behalf. It remains your responsibility to ensure that Ontime Care Worldwide Inc. has been contacted prior to receiving any treatments or as soon as reasonably possible.

*** MCI MEDICAL CLINICS – THE DOCTOR'S OFFICE**

*** JF contracted with all MCI clinics. Student does not require paying any expenses in advance. Clinic will collect the expenses directly from JF.**

1. The MCI Medical Clinics - The Doctor's Office locations is included in your student package. Please refer to the location nearest you.
2. Student should show proof of coverage, either their insurance wallet card or the policy confirmation letter; when seeking treatment at the MCI Clinics.
3. Without proof of coverage, the student has to pay the expenses up-front and submit for reimbursement from **JF**. Please note there is no coverage for non-prescribed medication or over-the-counter medication or re-fill medication or the physician medical report (if one is charged).
4. To submit for reimbursement from **JF**, please complete and signed the "JF ELITE PLUS STUDENT CLAIM FORM", the "Consent to Release of Information" form, the physician's report and payment receipt(s) (all original copy) to **JF**. For a prescribed medication please provide the original official prescription receipt that indicates the medication information. Send all the documents to **JF Insurance Agency Group Inc.**

WALK-IN/FAMILY DOCTOR CLINIC

To submit for reimbursement from **JF**, please complete and signed the "JF ELITE PLUS STUDENT CLAIM FORM", the "Consent to Release of Information" form, the physician's report and payment receipt(s) (all original copy) to **JF**. For a prescribed medication please provide the original official prescription receipt that indicates the medication information. Send all the documents to **JF Insurance Agency Group Inc.**