

## How to Submit Your Plan Benefit Claims

Members now have three ways to submit a claim in the Benefit Plan. You have the option to pick the one that's most convenient for you.

1. The large majority of claims for drugs, dental, vision care, physiotherapy, chiropractic, massage therapy, naturopathy and acupuncture can be submitted electronically, right at the providers office/store. This option can reduce or completely eliminate your out of pocket payment. Check with your health care provider to see if they can submit your claim using the TELUS network. The provider help-line telephone number is on your claims card and can be used if the provider is having problems submitting a claim electronically (this number is not meant for plan-specific questions).
  - ***Please note***, to help ensure your claims is processed successfully from your service provider, please ensure the provider enters the policy number and your certificate ID# correctly as it appears on your RTO Benefits card.
2. If you pay for your claim in full; you can submit your claim by printing and completing a Personal Claim form from the Member's Only website or one provided from a previous claim notification you may have received. Submit it along with your receipts by sending it via postal mail to the address listed on the bottom left corner of the claim form. If you have been setup to receive payments through direct deposit, your payment will be deposited into your bank account. Otherwise, a cheque will be sent to your home address. If we have your email address on file and we issued a direct deposit payment to you, then an email will be sent to provide you a link to the Member's Only site to view the notification of your claim. Otherwise, notification of your claims will be sent to your home address.
3. If you pay for your claim in full; you can submit your claim by completing the on-line claim form from the Member's Only website and attach the receipts, electronically. Scanned images of receipts must be clear and legible. Please ensure pertinent information (e.g. name(s), date(s) of service, etc.) is visible on your provider's receipt when scanned. You will receive a confirmation number and your claim form and receipts will be filed in the Plan Benefits folder in the Communications Centre. ***(This process is outlined below step by step.)*** If you have been setup to receive payments through direct deposit, your payment will be deposited into your bank account. Otherwise, a cheque will be sent to your home address. If we have your email address on file and we issued a direct deposit payment to you, then an email will be sent to provide you a link to the Member's Only site to view the notification of your claim. Otherwise, notification of your claims will be sent to your home address.
  - ***Please note***, as part of the claims adjudication process additional information may be required. For audit purposes, Johnson Inc. may ask for original receipts at any time, so please retain your receipts for at least 24 months

## Logging into the Member's Only Website:

1. Proceed to [www.johnson.ca](http://www.johnson.ca) and click 'Sign In' to access the Members Only (MO) website.

The screenshot shows the Johnson website homepage. At the top, there are links for 'English', 'Français', 'About Us', 'Contact Us', 'Careers', 'News', and 'Help'. The Johnson logo is prominently displayed. A purple banner at the top right contains a 'HURRICANE ARTHUR CLAIMS' button and 'Sign in for Members' and 'Register for an account' buttons. Below this is a navigation bar with 'Auto Insurance', 'Home Insurance', 'Travel Insurance', and 'Group Benefits'. The main content area features a large banner for 'Local service means we're always close' with a photo of a representative. To the right is a 'Get a Quote' section with a call number and icons for Auto, Home, and Travel. Below these are three service boxes: 'Find Insurance' (with icons for Auto, Home, Travel), 'Make A Claim' (with a 24/7 claim service number), and 'Ask a Question' (with a search bar and a list of questions). A 'feedback' button is visible on the right side. At the bottom, a tagline reads 'An Insurance Provider That Lets You Get On With Your Life'.

2. Enter username, password and click Enter

The screenshot shows the 'Members Log In' page on the Johnson website. The Johnson logo is at the top left. Below it is a photo of a woman and a child. The heading 'Welcome to Johnson Members Only' is followed by a paragraph: 'Exclusively for policyholders! This site offers you all the information you need to manage your personal insurance policy at your own convenience.' The 'Members Log In' section contains a 'Username' field, a 'Password' field, and an 'Enter' button. Red arrows point to these elements: arrow 1 points to the Username field, arrow 2 points to the Password field, and arrow 3 points to the Enter button. Below the form, there are links for 'To register for a username and password, click here.' and 'Lost Password? click here.'. At the bottom, there are links for 'Security', 'Legal', 'Privacy', and 'Help'.

## Submitting a Personal Claim form:

### 1. Log into the MO website, click on the Claims Information link

The screenshot shows the Johnson Inc. Members Only Web Site. The top navigation bar includes Home, Contact Information, What's New, Faq's, and Log Out. The left sidebar contains a navigation menu with items like My Profile, My Benefit Summary, Communication Centre, Claims Information (highlighted with a red arrow), Claim Form, Income Tax Letter, MEDOC, Available Forms, Change, and Password. The main content area features a 'Welcome' message, a 'New carrier for ID Theft Restoration Benefits' announcement, and a 'Travelling to Cuba?' notice. A 'Now get more with your home and auto insurance' banner is also present.

### 2. Click on the Print Personalized Claims Form tab to print the form

The screenshot shows the Johnson Inc. Claims Information page. The top navigation bar includes Home, Contact Information, What's New, Faq's, and Log Out. The left sidebar contains a navigation menu with items like My Profile, My Benefit Summary, Communication Centre, Claims Information, Claim Form, Income Tax Letter, MEDOC, Available Forms, Change, and Password. The main content area features a 'Claims Information' header, a 'Request Income Tax Letter' button, and a 'Print Personalized Claims Form' button (highlighted with a red arrow). Below this is a form titled 'Please choose the individual and benefit you would like to do a Claims inquiry on and click the Submit button.' The form has two columns: 'Claimant' and 'Benefit'. The 'Benefit' column includes options like Drugs, Vision Care, Semi-Private Hospital, Hearing Aids, Paramedicals, Other Major Medical, Travel Emergency, Private Hospital, and Dental. A 'Submit' button is located below the form. A 'Please note' section provides instructions on how to view the Claims Form, and a 'Get Adobe Reader' button is provided for downloading the latest version of Adobe Reader.

### 3. Complete the form and submit as per the instructions at the beginning of this document.

## Submitting a claim electronically:

1. Log into the MO website, click on the Claim Form link

**JOHNSON**

Home Contact Information What's New Faq's Log Out

My Profile  
My Benefit Summary  
Communication Centre  
Claims Information  
**Claim Form**  
Income Tax Letter  
MEDOC  
Available Forms  
Change Password

**Welcome**

Welcome to the Johnson Inc. Members Only Web Site. This site contains information on your Group Benefit Program along with any individual policies you may have with Johnson.

To view a summary of the insurance you have on file with us and the available insurance you can purchase, choose My Benefit Summary from the main menu.

At any time you would like to contact your personally assigned Service Supervisor you can view a listing of contact details under Contact Information.

Thank you for visiting. We encourage you to visit regularly as we have many future enhancements planned.


**New carrier for ID Theft Restoration Benefits**

Johnson is pleased to announce that IDT911 is the new carrier for ID Theft Restoration Benefits. Effective January 1, 2014, ID Theft Restoration Benefits was removed from PS Home Gold (Benefit 12) and PS Platinum (Benefit 14) and added to PS Home Plus Benefits as Benefit 22: Personal Identity Theft and Restoration. PS Home Plus Benefits Planholders now have access to these new Benefits, in addition to all current PS Gold and Platinum Benefits Planholders. If you have questions about these new Benefits please call IDT911 at 1-866-272-1223.

**Travelling to Cuba?**

Johnson Incorporated would like to remind you that effective May 1st, 2010, the Cuban authorities will require that all travellers have travel insurance with medical coverage upon arrival in Cuba. Anyone arriving without it will be required to purchase coverage on site. We have included a [letter](#) from our assistance provider that details the information and/or documentation required to prove you have what the Cuban authorities deem an "acceptable" travel insurance plan. Please be sure to have your ID card and a copy of this [letter](#).

*Now get more with your home and auto insurance*

  
click here for details

Privacy Disclaimer Legal Security

Answer all questions within the electronic form.

1. Enter the number of receipts that you will be attaching.
2. Enter the total amount of your receipts being submitted for reimbursement.
3. Answer the question with Yes/No.
4. Answer the question with Yes/No.
5. If you have answered Yes for question number 1 and/or 2, then you will need to enter the details in the comments section.

**JOHNSON**

Home Contact Information What's New Faq's Log Out

My Profile  
My Benefit Summary  
Communication Centre  
Claims Information  
Claim Form  
Income Tax Letter  
MEDOC  
Available Forms  
Change Password

**Online Claims Submission**

**A. MEMBER INFORMATION**

Policyholder Certificate Number:

Name(First,Last):

Email Address:

Address:

[How to Submit a Claim](#)

**B. CLAIM INFORMATION**

Number of receipts:  1

Total Amount Claimed: \$  2

1. Is claim the result of a Dental Accident?  Yes  No 3

2. Is claim the result of an emergency that occurred while traveling outside province of residence?  Yes  No 4

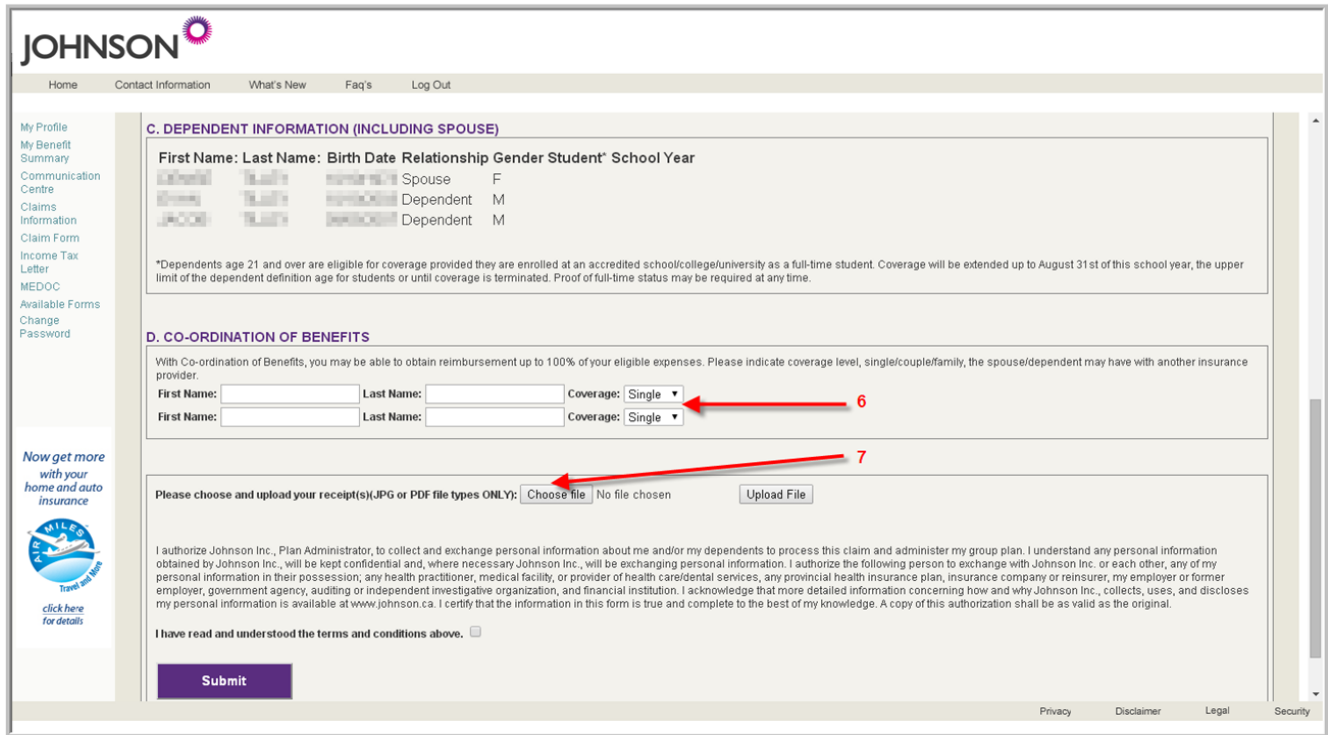
If you have answered yes to either questions 1 or 2, please enter dates and details separately in the comments section below:

5

Privacy Disclaimer Legal Security

Section C below, is for information purposes only. If the information is not correct, please contact your Johnson Administration office.

6. Please enter any Co-Ordination of Benefits details (i.e. spouse insurance plan)
7. Click on Choose File to upload pictures or scanned copies of you receipts.



**JOHNSON**

Home Contact Information What's New Faq's Log Out

My Profile  
My Benefit Summary  
Communication Centre  
Claims Information  
Claim Form  
Income Tax Letter  
MEDOC  
Available Forms  
Change Password

**C. DEPENDENT INFORMATION (INCLUDING SPOUSE)**

First Name: Last Name: Birth Date Relationship Gender Student\* School Year

JOHNSON	JOHNSON	12/31/1980	Spouse	F		
JOHNSON	JOHNSON	01/01/1985	Dependent	M		
JOHNSON	JOHNSON	03/01/1990	Dependent	M		

\*Dependents age 21 and over are eligible for coverage provided they are enrolled at an accredited school/college/university as a full-time student. Coverage will be extended up to August 31st of this school year, the upper limit of the dependent definition age for students or until coverage is terminated. Proof of full-time status may be required at any time.

**D. CO-ORDINATION OF BENEFITS**

With Co-ordination of Benefits, you may be able to obtain reimbursement up to 100% of your eligible expenses. Please indicate coverage level, single/couple/family, the spouse/dependent may have with another insurance provider.

First Name: Last Name: Coverage: Single **6**

First Name: Last Name: Coverage: Single **6**

Please choose and upload your receipt(s)(JPG or PDF file types ONLY): Choose file No file chosen Upload File **7**

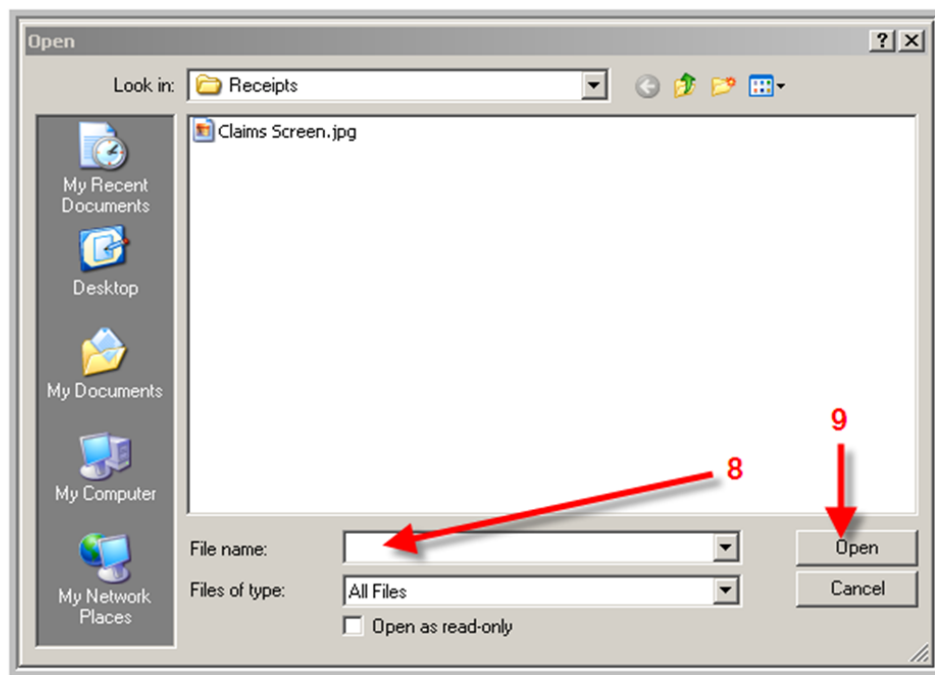
I authorize Johnson Inc., Plan Administrator, to collect and exchange personal information about me and/or my dependents to process this claim and administer my group plan. I understand any personal information obtained by Johnson Inc., will be kept confidential and, where necessary Johnson Inc., will be exchanging personal information. I authorize the following person to exchange with Johnson Inc. or each other, any of my personal information in their possession; any health practitioner, medical facility, or provider of health care/dental services, any provincial health insurance plan, insurance company or reinsurer, my employer or former employer, government agency, auditing or independent investigative organization, and financial institution. I acknowledge that more detailed information concerning how and why Johnson Inc., collects, uses, and discloses my personal information is available at www.johnson.ca. I certify that the information in this form is true and complete to the best of my knowledge. A copy of this authorization shall be as valid as the original.

I have read and understood the terms and conditions above.

Submit

Privacy Disclaimer Legal Security

8. Find where the electronic copy of your receipts are stored on your computer and click on the file
9. Click Open to select the file(s) to be uploaded



10. Notice the file name you selected will now appear after the Choose File button.

11. Click the Upload File and wait for the file name to be shown on the screen.

**JOHNSON**

Home Contact Information What's New Faq's Log Out

My Profile  
My Benefit Summary  
Communication Centre  
Claims Information  
Claim Form  
Income Tax Letter  
MEDOC  
Available Forms  
Change Password

Now get more with your home and auto insurance  
  
click here for details

			Spouse	F
			Dependent	M
			Dependent	M

\*Dependents age 21 and over are eligible for coverage provided they are enrolled at an accredited school/college/university as a full-time student. Coverage will be extended up to August 31st of this school year, the upper limit of the dependent definition age for students or until coverage is terminated. Proof of full-time status may be required at any time.

**D. CO-ORDINATION OF BENEFITS**

With Co-ordination of Benefits, you may be able to obtain reimbursement up to 100% of your eligible expenses. Please indicate coverage level, single/couple/family, the spouse/dependent may have with another insurance provider.

First Name:  Last Name:  Coverage: Single ▾  
First Name:  Last Name:  Coverage: Single ▾

Please choose and upload your receipt(s)(JPG or PDF file types ONLY): Choose file Upload File

I authorize Johnson Inc., Plan Administrator, to collect and exchange personal information about me and/or my dependents to process this claim and administer my group plan. I understand any personal information obtained by Johnson Inc., will be kept confidential and, where necessary Johnson Inc., will be exchanging personal information. I authorize the following person to exchange with Johnson Inc. or each other, any of my personal information in their possession; any health practitioner, medical facility, or provider of health care/dental services, any provincial health insurance plan, insurance company or reinsurer, my employer or former employer, government agency, auditing or independent investigative organization, and financial institution. I acknowledge that more detailed information concerning how and why Johnson Inc., collects, uses, and discloses my personal information is available at www.johnson.ca. I certify that the information in this form is true and complete to the best of my knowledge. A copy of this authorization shall be as valid as the original.

I have read and understood the terms and conditions above.

**Submit**

Privacy Disclaimer Legal Security

12. Notice that the file has now been successfully uploaded to this form.

13. Read the disclaimer information and tick the box to accept the conditions.

14. Click Submit and wait for a confirmation screen to pop up.

**JOHNSON**

Home Contact Information What's New Faq's Log Out

My Profile  
My Benefit Summary  
Communication Centre  
Claims Information  
Claim Form  
Income Tax Letter  
MEDOC  
Available Forms  
Change Password

Now get more with your home and auto insurance  
  
click here for details

			Spouse	F
			Dependent	M
			Dependent	M

\*Dependents age 21 and over are eligible for coverage provided they are enrolled at an accredited school/college/university as a full-time student. Coverage will be extended up to August 31st of this school year, the upper limit of the dependent definition age for students or until coverage is terminated. Proof of full-time status may be required at any time.

**D. CO-ORDINATION OF BENEFITS**

With Co-ordination of Benefits, you may be able to obtain reimbursement up to 100% of your eligible expenses. Please indicate coverage level, single/couple/family, the spouse/dependent may have with another insurance provider.

First Name:  Last Name:  Coverage: Single ▾  
First Name:  Last Name:  Coverage: Single ▾

Please choose and upload your receipt(s)(JPG or PDF file types ONLY): Choose file No file chosen Upload File

upload succeeded!

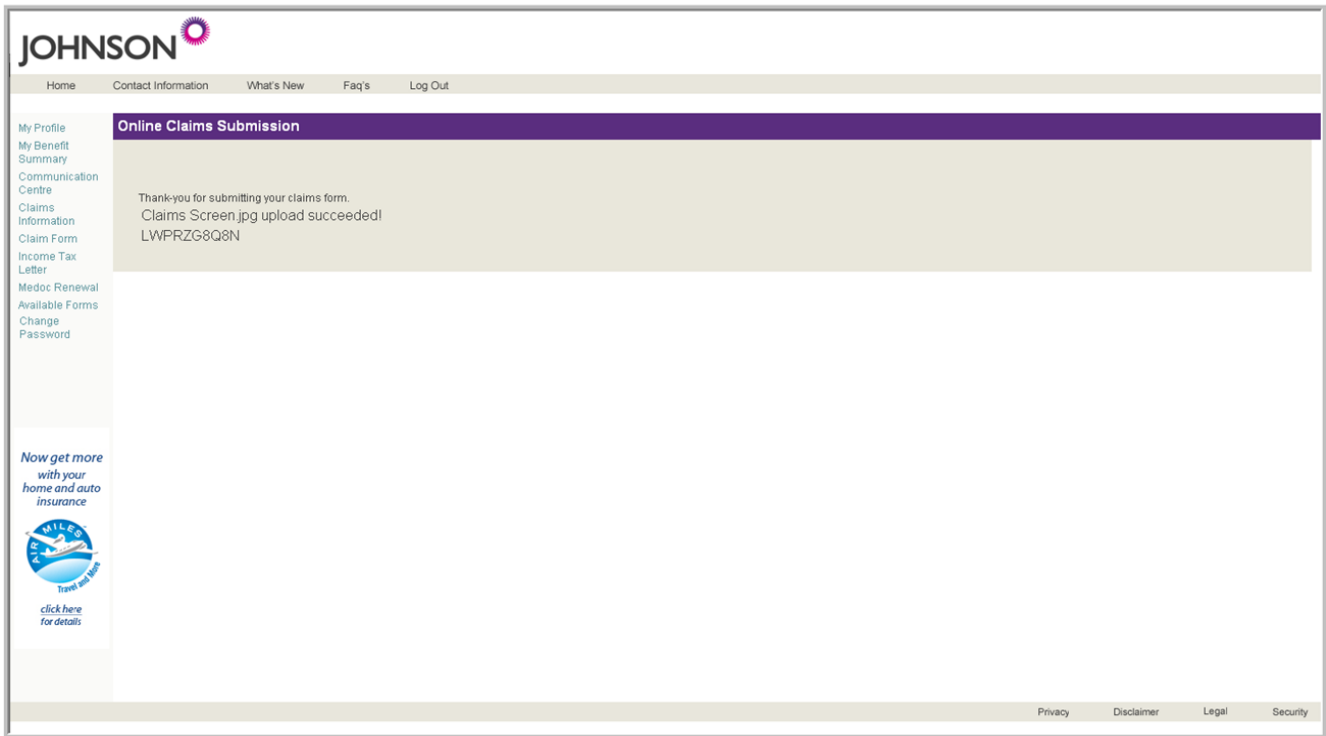
I authorize Johnson Inc., Plan Administrator, to collect and exchange personal information about me and/or my dependents to process this claim and administer my group plan. I understand any personal information obtained by Johnson Inc., will be kept confidential and, where necessary Johnson Inc., will be exchanging personal information. I authorize the following person to exchange with Johnson Inc. or each other, any of my personal information in their possession; any health practitioner, medical facility, or provider of health care/dental services, any provincial health insurance plan, insurance company or reinsurer, my employer or former employer, government agency, auditing or independent investigative organization, and financial institution. I acknowledge that more detailed information concerning how and why Johnson Inc., collects, uses, and discloses my personal information is available at www.johnson.ca. I certify that the information in this form is true and complete to the best of my knowledge. A copy of this authorization shall be as valid as the original.

I have read and understood the terms and conditions above.

**Submit**

Privacy Disclaimer Legal Security

The following confirmation screen will pop up once the submission has been accepted.

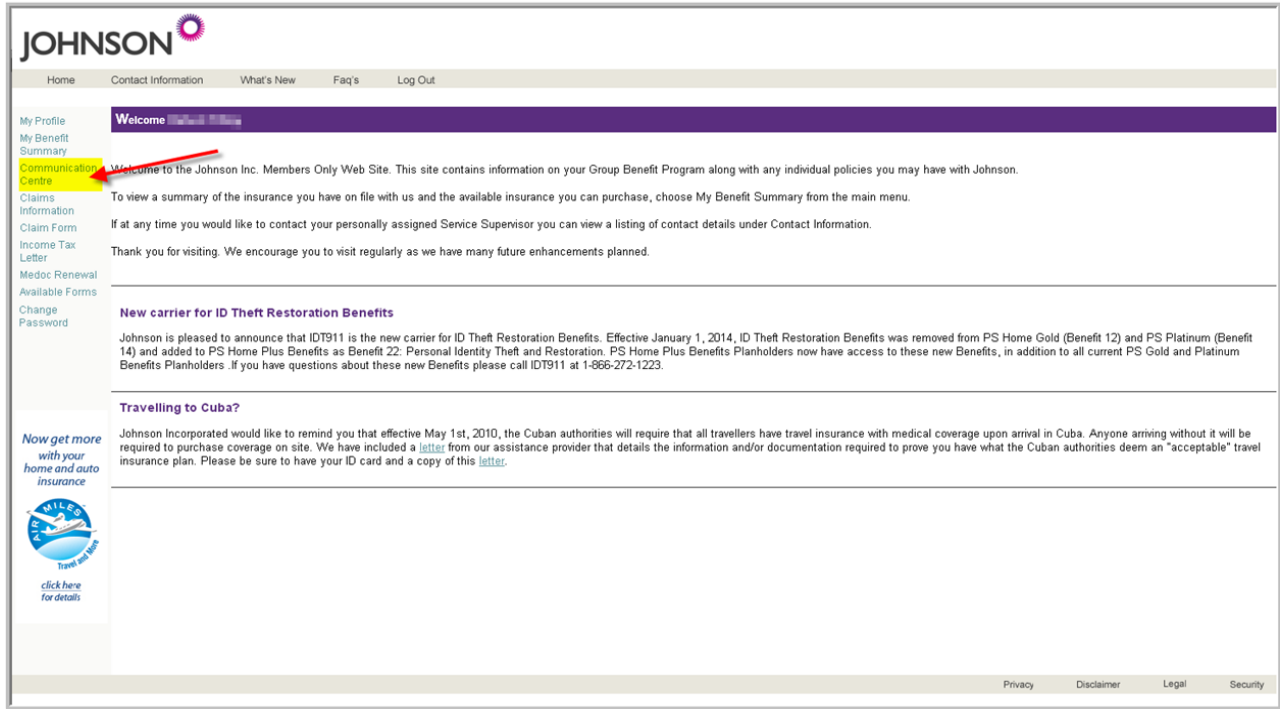


The following confirmation email will appear in your inbox once the submission has been accepted as well.



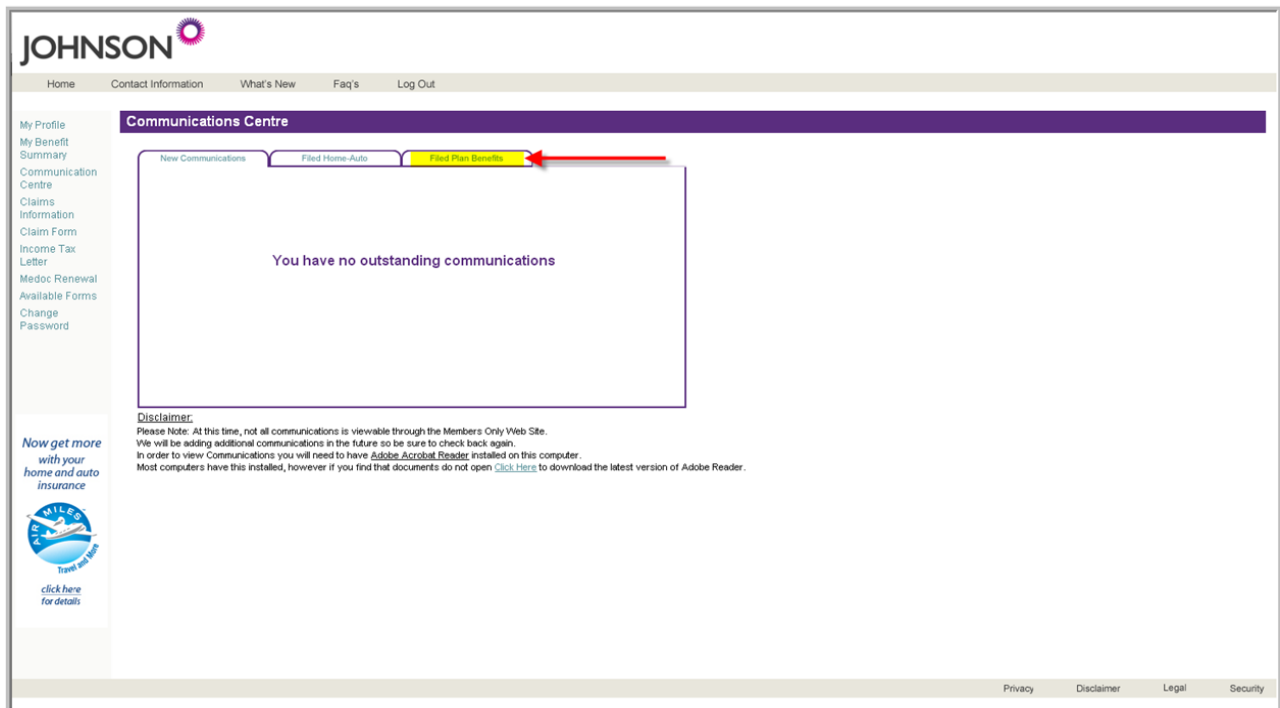
## Reviewing your submitted claim(s):

1. Click on the Communications Centre link.



The screenshot shows the Johnson Inc. Members Only Web Site. The navigation menu on the left includes: My Profile, My Benefit Summary, **Communications Centre** (highlighted with a red arrow), Claims Information, Claim Form, Income Tax Letter, Medoc Renewal Available Forms, Change Password, and a promotional banner for home and auto insurance. The main content area displays a welcome message, a summary of insurance coverage, and news items such as "New carrier for ID Theft Restoration Benefits" and "Travelling to Cuba?". The footer contains links for Privacy, Disclaimer, Legal, and Security.

2. Select the Filed Plan Benefits tab.



The screenshot shows the Johnson Inc. Members Only Web Site with the Communications Centre tab selected. The navigation menu on the left is the same as in the previous screenshot. The main content area shows the "Communications Centre" header with three tabs: "New Communications", "Filed Home-Auto", and "Filed Plan Benefits" (highlighted with a red arrow). Below the tabs, a message states: "You have no outstanding communications". A disclaimer is visible at the bottom of the page, stating: "Please Note: At this time, not all communications is viewable through the Members Only Web Site. We will be adding additional communications in the future so be sure to check back again. In order to view Communications you will need to have Adobe Acrobat Reader installed on this computer. Most computers have this installed, however if you find that documents do not open Click Here to download the latest version of Adobe Reader."



3. Click on description #1 to see the uploaded receipt image
4. Click on description #2 to see a copy of the PDF of the completed claims form

**JOHNSON**

Home Contact Information What's New Faq's Log Out

**Communications Centre**

New Communications Filed Home-Auto Filed Plan Benefits

Subject	Date Sent	Date Viewed
Plan Claim Submission Receipt	20 November 2014 10:03:58AM	1
Plan Claim Submission Form	20 November 2014 10:03:58AM	2
Plan Claim Submission Receipt	30 July, 2014 7:51:00AM	
Plan Claim Submission Form	30 July, 2014 7:50:57AM	
Plan Claim Submission Receipt	30 July, 2014 2:05:52AM	
Plan Claim Submission Form	30 July, 2014 2:05:51AM	
Plan Claim Submission Receipt	23 July, 2014 8:24:58AM	

Page(s) 1 2 3 4 5 6 7 8 9 10 11 12

**Disclaimer:**  
Please Note: At this time, not all communications is viewable through the Members Only Web Site. We will be adding additional communications in the future so be sure to check back again. In order to view Communications you will need to have [Adobe Acrobat Reader](#) installed on this computer. Most computers have this installed, however if you find that documents do not open [Click Here](#) to download the latest version of Adobe Reader.

Now get more with your home and auto insurance

[click here for details](#)

Privacy Disclaimer Legal Security