## Your guide to the guard.me experience

#### Submit a claim on behalf of a minor (under 19 yrs)

REAL PEOPLE. REAL SOLUTIONS. REAL LIFE. REAL TALK.





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Step 1: You can access the online claim form in three ways at www.guard.me

**Note:** Ensure that you have accepted all cookie preferences for the account login to be visible.

- Location 1: Select Account Login from the main menu. Click on the link Submitting a claim on behalf of a minor (under 19 yrs)?
- Location 2: Select Information from the main menu. Click on the link Submitting a claim on behalf of a minor (under 19 yrs)?

Location 3: Scroll down to Submit a Claim. Click on the link here.

**Note:** A prompt will appear asking: Are you submitting on behalf of a minor (under 19 yrs)? Click Yes.

<ul> <li>Print Healthcare</li> </ul>	ss to: Access Card	Login form	
<ul><li>Submit/Resubmi</li><li>See Claim Status</li></ul>	t Claim	EMAIL ADDRESS:	
<ul><li>Policy Overview</li><li>Download Policy</li></ul>	Documents	Enter the email address <b>registered</b> with your guard.me	olicy.
Submit a Claim on I	Behalf of a Minor (Under 19 Yrs)	NEXT	
		Forgot your email? Register now	
	STUDENTS AFFECTED I	IY THE CONFLICT IN EUROPE	
	COVID-19 guard.me Int	rmational Insurance Update	
ation 2			
Insurance Plan	ns guard.meCARES Services <b>*</b> Ir	formation  Contact Us  Account Login	EMERGENCY O
About us	Resources Work with us	Applications Mail	ing List
Frequently Asked Qu Technical Support	estions Agents guard.meCARES Ambass Canada Visa Emploument	ador Program Apply for Insurance Subs Find a Canadian Clinic Unsu	cribe bscribe
Video Testimonials	Schools	Submit a Claim	
mobileDOCTOR Testi	monials University/Colleges	Submit a Claim on Behalf of a Minor (Under 19 Yrs)	
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Policyholders can submit an online claim from the convenience of their home. If you are submitting on behalf of a minor (under 19 yrs) ease click here

For New and Existing Students

Access for existing policyholders to view policy information, print Health Access Card(s), submit and track claims.

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#### Homestay/Custodian Info

- **Step 1:** Fill out all mandatory fields indicated by **\***.
- **Step 2:** A consent box will appear. Click the **check box** that says: I consent to the stated agreement above.
- Step 3: Select the NEXT button.

enter the information be	low			
nestay/Custodian Info				
t Name:*				
ustodian				
: Name:*				
emo				
ail Address:*				
ustodiandemo@guard.me				
ne Number:*				
057752600				
sent				
todian Demo, confirm that I have a large the second	ave full custodianship and	d have been given a	consent to submit this cla	im on behalf of the
thcare Insurance Solutions / a	and me International Ins	urance's <b>privacu n</b> a	otice. I confirm that the in	sured has given their
ent and authorization to any h	ospital, physician, other r	nedical provider or	insurer to provide by anu	secure means their
plete medical record to Travel	Healthcare Insurance Sol	lutions Inc. / guard.	me International Insuranc	e and its insurers for the
ose of administering claims. Al	information is to be held	d in complete confid	dentiality and is not to be	released to any party
t from those listed above. Use	of my email address will	be restricted to insu	urance inquiries unless I ir	itiate email contact. A
ocopy or facsimile transmissio ated above.	n of this Claim Form is as	s valid as the origina	al. I assign my right to pa	yment to the party
consent to the stated agreeme	nt above			

#### **Insured Information**

**Step 1:** Fill out all mandatory fields, indicated by **\***.

**Note:** Please fill out the policy number as it appears on the Healthcare Access Card (HAC).

**Step 2:** If the policy holder is currently a student in British Columbia, check off the next section and attach their study permit in the box indicated (if applicable).

Step 3: Select the NEXT button.

enter the insured's information bel	OW			
sured Information				
olicy or Certificate Number:*				
01121345SD	$\leftarrow$			
ate Of Birth:*				
🛱 Sep 01, 2010				×
rst Name:*				
Insured				
ast Name:*				
Demo				
Is the policy holder currently a s	tudent in British Col	umbia? ·	lect files	
My Study Permit.pdf				×



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#### **Claim Type**

- Step 1: Select the claim that applies to both Claim Type and Claim Category.
- **Step 2:** Select the **NEXT** button.

aim Type			 
this claim related to a car accid	ant or work injury?		
	ent of work hijorg?		
Yes			
INO			
aim Category			 
ease Select the Category of the	claim		
Medical (Doctor Visit, Hospital V	/isit, X-Rays/Laborator	y Tests,	
Medication, Dental Visit, Eye Ex	ams, etc.)		
Third Party Liability			
Trip Cancellation			

#### **Payment Details**

Step 1: Select the payment that applies to both Payment Selection and Payment Method.

Step 2: Select the NEXT button.

Homestay/Custodian Info	Insured Info	Claim Type	Payment Details	Claim Details
Payee Selection				
Please select to whom should the fu	nds be payable to?			
Other				
Health Provider (Clinic / Doctor /	Hospital)			
Please select the Payment Method				
O Direct Deposit (Canada Only)				
O Wire Transfer (Outside Canada)				
O Cheque				
				PREVIOUS NEXT



#### **Claim Details**

- **Step 1:** Fill out all mandatory fields, indicated by **\***.
- **Step 2:** Use the **ADD VISITS** button if you have more than one Visit Document.



## **Step 3:** Select **Yes** or **No** for Alternate Insurance.

**Step 4:** Select the **SUBMIT CLAIM** button.

Please P	rovide your Receipts and Medical Records.
• All file	es must be a maximum of 2 MB with a combined maximum of 8 MB
• The c	nly accepted file types are: .pdf .jpg .jpeg .png .gif
<ul> <li>Invoid</li> </ul>	es and/or receipts should be scanned individually
<ul> <li>Medic</li> </ul>	ation claims must be submitted with an Official Prescription Receipt - click here for an example
"Browse'	and attach all your receipts or invoices (At least one is required)
Visit Doc	uments
	Drag 'n' drop files here, or click to select files
rece	ript and medical record paf
- Alternate	) Insurance
Do you h	ave any other insurance plan that covers the expenses being claimed?
• No	
○ Yes	<b>←</b>



**Step 5:** A confirmation message will appear, as shown below. Click **OK** and you have now successfully submitted a claim. Should you need assistance, our Customer Care Team can be reached 24/7 at 1-877-873-8447 (toll free) or 905-752-6200.

