



STATEMENT OF AGREEMENT AND UNDERSTANDING
(Government Health Insurance Plan)
For residents of MANITOBA only

Claimant Name: _____ Claim No. _____ Policy No. _____

Travel Dates: ____/____/____ to ____/____/____
MM DD YYYY MM DD YYYY

Your Emergency Excess Hospital & Medical Insurance Policy provides coverage in **excess** of your provincial health insurance plan and any other applicable insurance.

In accordance with the terms of your policy, after reconciling eligible claims with the health care providers, we must seek reimbursement through your provincial Health Ministry for a portion of the amount which we will have paid. In order to do so we request that **you sign the Statement of Agreement and Understanding below.**

I, _____, having read the above, agree to forward to

INTERNATIONAL PROGRAMS GROUP

Suite 2401, 120 Adelaide St. West.
Toronto, ON, Canada M5H 1T1

any reimbursement received from my provincial health insurance plan, in respect of all claims paid by IPG – CLAIMSPRO on behalf of the Insurers, and to exchange information that facilitates this process.

CLAIMANT'S OR AUTHORIZED PERSON'S SIGNATURE

Date: ____/____/____
MM DD YYYY

CLAIMANT HEALTH INSURANCE NUMBER

IMPORTANT: Accurately completing all details will assist in settling your claim promptly. Please attach original bills or receipts you may have in your possession. We recommend you keep copies for your own records.

For Claim inquiries please call:
North America Toll Free: 1 866 410 1226 or
E-mail: LionsGateUW@scm.ca

NOTICE OF PRIVACY & CONFIDENTIALITY: Lions Gate Underwriting Agency and its affiliates will collect, use and disclose the personal information which you give for the purpose of providing you with insurance services. To protect its confidentiality, access to this information will be restricted to those employees, mandataries, administrators or agents of Lions Gate Underwriting Agency. and their authorized representatives who are responsible for administration of services, underwriting, and for the processing, facilitating and investigation of claims. When necessary, this information may be shared with others such as, but not limited to, medical facilities, Insurers, organizations and any other person you authorize or that is authorized by law. This acknowledges that information may be transmitted by facsimile (fax), e-mail, postal service, courier service or telephone, and we cannot guarantee the security or privacy of the information that is transmitted through these channels.

Emergency Excess Hospital & Medical Insurance Policies
Underwritten by certain Lloyd's Underwriters through Lions Gate Underwriting Agency
Suite 3201, Four Bentall Centre, 1055 Dunsmuir Street, PO BOX 49241, Vancouver, BC V7X 1L2
PH 604 677 9715

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September 2017