

GROUP INSURANCE

## E-claims Guide



**A partner you can trust.**

[www.inalco.com](http://www.inalco.com)

Access your insurance file in CyberClient.....	1
Enrol in Direct Deposit and E-notification to submit an E-claim .....	3
E-claim: Step 1 – Consent .....	4
E-claim: Step 2 – Insured.....	5
E-claim: Step 3 – Benefit.....	6
E-claim: Step 4 – Provider .....	7
E-claim: Step 5 – Fees.....	9
E-claim: Step 6 – Submission .....	10
E-claim step 7 – Confirmation .....	11

## ➤ Access your insurance file in CyberClient

Log In | Register | FAQ | Français

**IA INDUSTRIAL ALLIANCE**  
INSURANCE AND FINANCIAL SERVICES INC.

CyberClient | Access for our Clients

(\*) Mandatory fields

1 Access Code \*  Do you wish to obtain an access code and password?

2 Password \*  Have you forgotten your password?

Remember my access code

In order to protect the confidentiality of your personal and financial information, this section of our web site meets the most stringent security criteria currently available on the North American market.

[Supported Browsers](#)

3

» Go to our website at [www.inalco.com](http://www.inalco.com).

» In the left-hand menu under **Secure Websites**, click on **CyberClient (Access for our Clients)**.

1 Type in your **access code** and your **password**.

Your access code and password for CyberClient can be found in the letter you received following your enrolment in your group plan. Your access code can also be found in the lower right corner of your benefit card.

2 If you do not remember your password, click on **Have you forgotten your password?**

3 Once you have entered your access code and password, click on **Enter**. You will automatically be directed to the CyberClient homepage.

## ➤ Access your insurance file in CyberClient (cont.)

September 9, 2011  
Home | Contact Us | FAQ | News | Glossary | Français

Welcome JEAN RENAUD  
My Profile | Log Off

Coming soon!  
New features available soon.

INDUSTRIAL ALLIANCE  
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CyberClient

My Contracts | Document Centre

**4** My Contracts  
000011-000000602 Group Insurance

Document Centre  
Search | Last | Favourite

Search  
Help

Group Insurance  
+ Claims  
+ Company Policies

News  
August 19, 2011  
eContest: Tenth Winner  
Samira Kablouti of the province of Quebec won an iPod nano...  
August 10, 2011  
eContest: Ninth Winner  
Natalie Lauzon of the province of Quebec won an iPod nano...  
June 29, 2011  
Are you moving?  
Please give us your new address...  
[All the news](#)

First Visit | Protection of Personal Information | Terms of Use | Supported Browsers

- ④ Under *My Contracts*, click on *Group Insurance* to access your personal file.

After 30 minutes of inactivity, your CyberClient session will automatically expire.



# Enrol in Direct Deposit and E-notification to submit an E-claim

**Group Insurance**  
Group: 11 - DEMONSTRATION WEB FRANCAIS  
Division: 6 - DEMONSTRATION WEB FRANCAIS  
Certificate: 602  
Name: JEAN RENAUD

**Member Information**  
› [Summary](#)  
› [Personal Data](#)  
› [Benefit Summary](#)  
› [Member Statement](#)  
› [Booklet](#)  
› [Print Group Benefit Card](#)

**Update Member Information**  
› [Change of Address](#)

**Claims**  
› [Search Claims](#)  
› [Personalized Forms](#)  
› [Direct Deposit and E-notification](#)  
› [E-claims](#) New

**Health and Wellness**  
› [Webhe@lth](#)

**Guides and Resources**  
› [Member Guide](#)  
› [Fraud Prevention](#)  
› [FAQ](#)  
› [Need help?](#)

**Information**

- You can take advantage of Direct Deposit for your **health and dental** claim payments. To sign up for this service, click *Yes* under the *Register for Direct Deposit* option and enter your banking information in the fields below.
- If you have disability coverage and are receiving **disability benefits** from Industrial Alliance, you can also take advantage of Direct Deposit. To sign up for this service or to modify your banking information, please contact Customer Service.
- You can take advantage of E-notification for your **health and dental** claims. You may sign up for this service by selecting *Yes* under the *Register for E-notification* option and providing the information requested.

**Direct Deposit and E-notification - Health and Dental**

**Register for Direct Deposit** (What are the advantages?)  Yes  No

The numbers to enter appear at the lower left portion of your personal cheque.

Branch Number **1** \*   
Financial Institution Number **2** \*   
Account Number **3** \*

**Subscribe to E-notification** (What are the advantages?)  Yes  No

Email address for E-notification \*  
 Home   
 Work

(\*) Mandatory fields

**4**

» You must first enrol in direct deposit and E-notification before using our E-claims service.

**1** In the left-hand menu under *Claims*, click on *Direct Deposit and E-notification* for health and dental claims.

**2** Select *Yes* to *Enrol in Direct Deposit* and *Enrol in E-notification*.

**3** Enter or update your banking information and your home or work email address.

**4** Click on *Validate*.

» You will automatically be directed to another screen. You must check the confirmation section and click *OK*.



# E-claim: Step 1 – Consent

The screenshot shows the 'E-claims' page. On the left is a navigation menu with categories: Group Insurance, Member Information, Update Member Information, Claims, Health and Wellness, and Guides and Resources. The 'Claims' section is expanded, and 'E-claims' is highlighted with a yellow bar and a red 'NEW' badge, marked with a circled '1'. At the top right, a progress bar shows seven steps: Step 1 (Consent, highlighted in yellow), Step 2 (Insured), Step 3 (Benefit), Step 4 (Provider), Step 5 (Fees), Step 6 (Submission), and Step 7 (Confirmation). Below the progress bar is an 'Information' box with an 'i' icon and a list of bullet points. Below that is a 'Terms and Conditions' box with a numbered list of four points, marked with a circled '2'. At the bottom right of the 'Terms and Conditions' box are radio buttons for 'I refuse' and 'I accept', with 'I accept' selected and marked with a circled '3'. Below the radio buttons is a 'Next Step' button, marked with a circled '4'.

- 1 In the left-hand menu under *Claims*, click on *E-claims* to submit your health, drugs, vision and dental expenses online.
- 2 Read the *Terms and Conditions*.
- 2 Select *I accept*.
- 3 Click on *Next Step*.

## E-claim: Step 2 – Insured

**Group Insurance**  
Group: 11 - DEMONSTRATION WEB FRANCAIS  
Division: 6 - DEMONSTRATION WEB FRANCAIS  
Certificate: 602  
Name: JEAN RENAUD

**Member Information**  
› [Summary](#)  
› [Personal Data](#)  
› [Benefit Summary](#)  
› [Member Statement](#)  
› [Booklet](#)  
› [Print Group Benefit Card](#)

**Update Member Information**  
› [Change of Address](#)

**Claims**  
› [Search Claims](#)  
› [Personalized Forms](#)  
› [Direct Deposit and E-notification](#)  
› [E-claims](#) NEW

**Health and Wellness**  
› [Webhe@lth](#)

**Guides and Resources**

**Claims**  
**E-claims**

**Step 1** Consent   **Step 2** Insured   **Step 3** Benefit   **Step 4** Provider   **Step 5** Fees   **Step 6** Submission   **Step 7** Confirmation

**Information**  
• Please select the insured for whom you wish to submit a claim online.

**List of insureds**

Name	Other Insurer: Health	Other Insurer: Dental
<input checked="" type="radio"/> JEAN RENAUD		
<input type="radio"/> CHANTAL RENAUD		
<input type="radio"/> MAXIM RENAUD		

**Note:** Please verify that the above information is accurate and up-to-date. Any error could have an impact on the reimbursement amount. To modify information for any of the insureds, please contact Customer Service.

I confirm that the information for the selected insured is up-to-date.

[Previous Step](#)   [Next Step](#)   [Cancel Claim](#)

- 1 From the *List of insureds* section, select the name of the person for whom you wish to submit a claim online.
- 2 Check *I confirm that the information for the selected insured is up-to-date*.
- 3 Click on *Next Step*.



# E-claim: Step 3 – Benefit

**Group Insurance**  
Group: 11 - DEMONSTRATION WEB FRANCAIS  
Division: 6 - DEMONSTRATION WEB FRANCAIS  
Certificate: 602  
Name: JEAN RENAUD

**Member Information**  
> [Summary](#)  
> [Personal Data](#)  
> [Benefit Summary](#)  
> [Member Statement](#)  
> [Booklet](#)  
> [Print Group Benefit Card](#)

**Update Member Information**  
> [Change of Address](#)

**Claims**  
> [Search Claims](#)  
> [Personalized Forms](#)  
> [Direct Deposit and E-notification](#)  
> **E-claims** New!

**Health and Wellness**  
> [Webhe@lth](#)

**Guides and Resources**  
> [Member Guide](#)  
> [Fraud Prevention](#)  
> [FAQ](#)  
> [Need help?](#)

**Claims**  
E-claims

**Step 1** Consent   **Step 2** Insured   **Step 3** Benefit   **Step 4** Provider   **Step 5** Fees   **Step 6** Submission   **Step 7** Confirmation

**Information**

- Please select a benefit.
- The expenses that do not appear in the **List of Expenses** below cannot be submitted online. You must complete a paper claim form.

**Insured**

Name
JEAN RENAUD

**List of fees**

Benefit	Type of Expense	Note
<input checked="" type="radio"/> HEALTH	CHIROPRACTOR	
<input type="radio"/> DRUGS	CHIROPRACTOR	You must submit a paper claim since you have a benefit card.
<input type="radio"/> VISION		
<input type="radio"/> DENTAL		

**Previous Step**   **Next Step**   **Cancel Claim**

- 1 In the *List of fees* section, under *Benefit*, select *HEALTH*, *DRUGS*, *VISION* or *DENTAL*. Then under the *Type of Expense* column, select the type of fee. If the expenses do not appear in the list of expenses, you must complete a paper claim form.
- 2 Click on *Next Step*.

## E-claim: Step 4 – Provider

**Group Insurance**  
Group: 11 - DEMONSTRATION WEB FRANCAIS  
Division: 6 - DEMONSTRATION WEB FRANCAIS  
Certificate: 602  
Name: JEAN RENAUD

**Member Information**  
> Summary  
> Personal Data  
> Benefit Summary  
> Member Statement  
> Booklet  
> Print Group Benefit Card

**Update Member Information**  
> Change of Address

**Claims**  
> Search Claims  
> Personalized Forms  
> Direct Deposit and E-notification  
> **E-claims** NEW

**Health and Wellness**  
> Webhe@lth

**Guides and Resources**  
> Member Guide  
> Fraud Prevention  
> FAQ

**Claims**  
**E-claims**

Step 1 Consent   Step 2 Insured   Step 3 Benefit   **Step 4 Provider**   Step 5 Fees   Step 6 Submission   Step 7 Confirmation

**Information**

- If the desired provider is not in your list of past providers, you can search in our database.

**Insured**

Name JEAN RENAUD

**Provider Search - CHIROPRACTOR**

1

Last name \* THIBAUT  
First name  
Province \* Quebec  
Phone number ( ) -

(\*) Mandatory fields

2 Search Clear

Previous Step   Next Step   Cancel claim

If a list of providers from your past claims does not appear on your screen or if the desired provider does not appear in the list of providers, you may search for your provider in our database.

- 1 From the *Provider Search* section, enter the *Last name* of the service provider and select the *province*.
- 2 Click on *Search*. A list of providers will appear on your screen. See the next page for the next steps.

> Search Claims  
> Personalized Forms  
> Direct Deposit and E-notification  
> **E-claims** NEW

**Health and Wellness**  
> Webhe@lth

**Guides and Resources**  
> Member Guide  
> Fraud Prevention  
> FAQ  
> Need help?

**Provider search result(s) - CHIROPRACTOR**

Name	Address	Phone number	License number
<input type="radio"/> THIBAUT GASTON D.C			79-568
<input type="radio"/> THIBAUT GASTON D.C			79568
<input type="radio"/> THIBAUT MARC			86-784
<input type="radio"/> THIBAUT VERONIQUE			10-1784

I cannot find my provider in the list.

Provider Search

Previous Step   Next Step   Cancel claim



## E-claim: Step 4 – Provider (cont.)

[Search Claims](#)  
[Personalized Forms](#)  
[Direct Deposit and E-notification](#)  
[E-claims](#)

Health and Wellness  
[Webhe@lth](#)

Guides and Resources  
[Member Guide](#)  
[Fraud Prevention](#)  
[FAQ](#)  
[Need help?](#)

### Provider search result(s) - CHIROPRACTOR

Name	Address	Phone number	License number
<input type="radio"/> THIBAUT GASTON D.C.			79-568
<input checked="" type="radio"/> THIBAUT GASTON D.C.			79568
<input type="radio"/> THIBAUT MARC			86-784
<input type="radio"/> THIBAUT VERONIQUE			10-1784

I cannot find my provider in the list.

**Provider Search**

### Add provider - CHIROPRACTOR

Last name \* THIBAUT  
First name \* MARIE  
License number \* 85-001  
Address  
Address (line 2)  
City  
Province \* Quebec  
Order, College or Association name \* OCC - Ordre des Chiropraticiens du Québec  
Postal code  
Phone number ( ) -

(\*) Mandatory fields

**Add** **Clear**

**Previous Step** **Next Step** **Cancel claim**

- From the *Provider search result(s)* section, select the desired provider from the list.  
If your provider cannot be found in the list of results, you may add the provider in our database.
- Select *I cannot find my provider in the list*.
- Click on *Provider Search*.
- In the *Add Provider* section, enter the *Last name*, *First Name* and *License number*, then select the *Province* and *Order, College or Association name* of the service provider.  
If the name of the Order, College or Association does not appear in the dropdown list, you must submit a paper claim.
- Click on *Add*.
- Click on *Next Step*.



## E-claim: Step 5 – Fees

Group Insurance  
Group: 11 - DEMONSTRATION WEB FRANCAIS  
Division: 6 - DEMONSTRATION WEB FRANCAIS  
Certificate: 602  
Name: JEAN RENAUD

**Member Information**  
> Summary  
> Personal Data  
> Benefit Summary  
> Member Statement  
> Booklet  
> Print Group Benefit Card

**Update Member Information**  
> Change of Address

**Claims**  
> Search Claims  
> Personalized Forms  
> Direct Deposit and E-notification  
> **E-claims** NEW

**Health and Wellness**  
> Webhe@lth

**Guides and Resources**  
Member Guide

Claims  
**E-claims**

Step 1 Consent Step 2 Insured Step 3 Benefit Step 4 Provider **Step 5 Fees** Step 6 Submission Step 7 Confirmation

**Information**

- Please enter your fee details and click on **Add**. If you have finished entering your fees, click on **Next Step**.

**Insured**

Name JEAN RENAUD

**Fees incurred for the provider MARIE THIBAUT**

Date of service (mmddyyyy)\* 09012011 1

Type of service\* Chiropractor - Adjustment/treatment 2

Fees submitted\* 60.00

(\*) Mandatory fields

3 **Add** **Clear**

**Previous Step** **Next Step** **Cancel Claim**

- 1 In the *Fees incurred for the provider* section, enter the *Date of service (mmddyyyy)*. You may click on the *calendar* to select the date.
- 2 Select the *Type of service* and enter the *Fees submitted*.
- 3 Click *Add*. The *Details of fees incurred* section will appear on the bottom of your screen. See below.

(\*) Mandatory fields **Add** **Clear**

Details of fees incurred			
Date of service	Type of service	Fees submitted	Delete
Sep 1, 2011	Chiropractor - Adjustment/treatment	\$60.00	<span>4</span> <b>X</b>
Total fees submitted		\$60.00	

**Previous Step** **Next Step** **Cancel Claim**

5

- 4 You can view the fees you have entered. If you made an error, click on **X** under the *Delete* column and add a new fee.
- 5 Click *Next Step*.



# E-claim: Step 6 – Submission

**Group Insurance**  
Group: 11 - DEMONSTRATION WEB FRANCAIS  
Division: 6 - DEMONSTRATION WEB FRANCAIS  
Certificate: 602  
Name: JEAN RENAUD

**Member Information**  
> [Summary](#)  
> [Personal Data](#)  
> [Benefit Summary](#)  
> [Member Statement](#)  
> [Booklet](#)  
> [Print Group Benefit Card](#)

**Update Member Information**  
> [Change of Address](#)

**Claims** **1**  
> [Search Claims](#)  
> [Personalized Forms](#)  
> [Direct Deposit and E-notification](#)  
> **E-claims** NEW

**Health and Wellness**  
> [Webhe@lth](#)

**Guides and Resources**  
> [Member Guide](#)  
> [Fraud Prevention](#)  
> [FAQ](#)  
> [Need help?](#)

**Claims**  
**E-claims**

**Step 1** Consent   **Step 2** Insured   **Step 3** Benefit   **Step 4** Provider   **Step 5** Fees   **Step 6** Submission   **Step 7** Confirmation

**Information**  
Please verify that the information entered is correct then read and agree to the terms stated in the **Confirmation/Authorization** by clicking on **Yes** before submitting your claim.

**Claim Details**

Name of insured	JEAN RENAUD
Type of service	HEALTH - CHIROPRACTOR
Other insurer: Health	
Other insurer: Dental	
Provider's name	MARIE THIBAUT
Provider's address	QC

**Fee Details**

Date of service	Type of service	Fees submitted
Sep 1, 2011	Chiropractor - Adjustment/treatment	\$60.00
<b>Total fees submitted</b>		<b>\$60.00</b>

**Confirmation/Authorization**  
I read and agree to the terms stated in the [Confirmation/Authorization](#) **2**  No  Yes **3**

[Previous Step](#) [Submit Claim](#) [Cancel Claim](#) **4**

- 1 Verify that the information entered in the sections *Claim Details* and *Fee Details* is correct.
- 2 Read and agree to the terms stated in the *Confirmation/Authorization*.
- 3 Click on *Yes* to accept the terms and conditions.
- 4 Click on *Submit Claim*.

# E-claim step 7 – Confirmation

**Group Insurance**  
Group: 11 - DEMONSTRATION WEB FRANCAIS  
Division: 6 - DEMONSTRATION WEB FRANCAIS  
Certificate: 602  
Name: JEAN RENAUD

**Member Information**  
> [Summary](#)  
> [Personal Data](#)  
> [Benefit Summary](#)  
> [Member Statement](#)  
> [Booklet](#)  
> [Print Group Benefit Card](#)

**Update Member Information**  
> [Change of Address](#)

**Claims**  
> [Search Claims](#)  
> [Personalized Forms](#)  
> [Direct Deposit and E-notification](#)  
> **E-claims**

**Health and Wellness**  
> [Webhe@lth](#)

**Guides and Resources**  
> [Member Guide](#)  
> [Fraud Prevention](#)  
> [FAQ](#)  
> [Need help?](#)

**Confirmation**

- Your claim has been submitted successfully.
- Confirmation number: 999999999A
- You will soon receive a notice regarding the processing of this claim.

**Information**

- To submit another claim, click on [New Claim Request](#). To return to the Summary, click on [Back](#).

**Claim Details**

Name of insured	JEAN RENAUD
Type of service	HEALTH - CHIROPRACTOR
Other insurer: Health	
Other insurer: Dental	
Provider's name	MARIE THIBAUT
Provider's address	QC

**Fee Details**

Date of service	Type of service	Fees submitted
Sep 1, 2011	Chiropractor - Adjustment/treatment	\$60.00
Total fees submitted		\$60.00

[New Claim Request](#) [Back to Summary](#)

1 2

- ✔ A confirmation message will appear.
- ✔ Keep a record of your *confirmation number*.
- ✔ You will soon receive a notice regarding the processing of this claim.
- ① Click on [New Claim Request](#) to submit another claim.
- ② Click on [Back to Summary](#) to return to the summary page.