Gender Affirmation Procedure Application

INSTRUCTIONS

1. Before each procedure, send us a Gender Affirmation Procedure Application form.
2. Please complete part 1, 2 and 3 and have the attending physician complete part 4.
3. Your plan does not cover physician's fees for providing medical information or completing this form.
4. Please keep a copy for your records.
5. Send the completed form to the appropriate Benefit Payment Office for your plan. See Section 5.
6. Once we complete our review, we'll write to you with our decision.

Part 1 – Plan Member Information			
Plan number	Plan member I.D. number		
Last name	First name		
Address	City or town	Province	Postal code

Part 2 – Patient Information		
Patient name First Name / Last Name	Patient's relationship to the plan member Self Child Spouse	Patient's date of birth dd/mm/yyyy
	☐ ☐ ☐	____ | ____ | _____

Part 3 - Authorization and Declaration

I certify that the information given on this application form is true, correct, and complete to the best of my knowledge. I certify that all goods and services requested are for me, my spouse and/or my dependents; and that my spouse and/or dependents are eligible under the terms of my plan.

The submission of fraudulent claims is a criminal offence. Canada Life takes the submission of fraudulent claims seriously. Suspected fraudulent claims may be reported to your employer or plan sponsor and to the appropriate law enforcement agency.

At Canada Life, we recognize and respect the importance of privacy. Personal information that we collect will be used for the purposes of assessing your application and administering the group benefits plan. I authorize Canada Life, any healthcare or dentalcare provider, my plan administrator, other insurance or reinsurance companies, administrators of government benefits or other benefits programs, other organizations or service providers working with Canada Life located within or outside Canada, to exchange personal information when necessary for these purposes. I understand that personal information may be subject to disclosure to those authorized under applicable law within or outside Canada.

I also consent to the use of my personal information for Canada Life and its affiliates' internal data management and analytics purposes.

For a copy of our Privacy Guidelines, or if you have questions about our personal information policies and practices (including with respect to service providers), write to Canada Life's Chief Compliance Officer or refer to www.canadalife.com.

Plan Member Signature _____ Date (dd/mm/yyyy) _____

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Part 4 – Confirmation of Eligibility for Gender Affirmation Procedures (physician must complete)

1. Is this patient under your care for gender affirmation procedures as a result of a diagnosis of gender dysphoria? ☐ Yes ☐ No.
2. What type of procedure is the patient requesting? _____
3. Has the patient applied to their provincial / territorial health care plan or program for coverage of gender affirmation procedures? ☐ Yes ☐ No
4. Is there coverage available for this procedure under the patient's home provincial / territorial health plan? ☐ Yes ☐ No
   a. If yes, the patient must apply for provincial / territorial coverage and provide us with confirmation of approval or denial from the provincial plan / program.
   b. If no, proceed to question 5.
5. Do you consider this procedure medically necessary? ☐ Yes ☐ No
6. Will this procedure be performed in Canada? ☐ Yes ☐ No

Physician's Name and Address: _____

Designation and Registration Number: _____

Physician's Signature _____ **Date (dd/mm/yyyy)** _____ | _____ | _____

Part 5 – Submitting Your Application

Please send the completed form to:

The Canada Life Assurance Company
Winnipeg Benefit Payment Office
PO Box 6400
Winnipeg MB R3C 3A8

www.canadalife.com

Questions? Call Toll Free: 1-800-957-9777

Deaf or hard of hearing and require access to a telecommunications relay service?
Please contact us:
TTY to Voice: 711
Voice to TTY: 1 800-855-0511

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