FREQUENTLY ASKED QUESTIONS REGARDING:

MANITOBA ASSOCIATION OF RETIRED GOVERNMENT EMPLOYEES CLAIMS SUBMISSION

Dear MARGE Members:

We know that your benefit coverage is important to you. The Manitoba Association of Retired Government Employees (MARGE) Inc. and your MARGE benefits provider Johnson Inc. want to ensure that Members have a clear understanding of their benefit coverage, as well as the claims submission process. Many of you may be new to the MARGE Benefit Plan and have yet to submit a benefit claim, or it may have been a while since submitting a claim.

The following table summarizes the manual claims submission instructions for the various benefit options. More detail follows in the Frequently Asked Questions, including electronic claim submission instructions.

Johnson Inc. Manual* Claim Submission Instructions

Please call our Claims Department at 1-877-413-6599 if you have any questions or require any assistance in completing your claim form.
Please insure that you always provide your Certificate #

FOR BENEFIT TYPE:	ALWAYS ENCLOSE THE FOLLOWING **ORIGINAL** ITEMS WITH YOUR CLAIM FORM:
Prescription Drugs	All itemized prescription drugs receipts from your pharmacist. Please note cash register receipts, credit card receipts and/or debit slips alone are insufficient. Official pharmacy receipts are required. Please contact your pharmacy for a duplicate copy. Pre-approval from your pharmacist is required for all vacation requests.
Accidental Dental	Standard Dental Claim Form provided by the dental office completed in full and accomanied by one of the following: (1) an official police or accident report, (2) an accidental dental claim form filled out by a licenced Dentist, Dental Surgeon, and injured Insured Member (form to be provided by Johnson Inc.), or (3) an emergency hospital or medical facility report.
Ambulance	Ambulance bill for us to pay directly on your behalf or Ambulance receipt showing paid in full for reimbursement.
Diagnostic Services	Charges for services and details of procedures must be written on a lab invoice, which indicates that the test is not covered by provincial health insurance and receipt showing paid in full.
Hearing Aids	Written recommendation of the attending licensed, certified, or registered audiologist, otolaryngologist, otologist or physician. Copy of hearing test Itemized receipt showing: patient name, services and dates, audiologist name and address, breakdown of charges.
Home Care Benefit	Written recommendation of the attending physician and completion of a Johnson Inc. authorization form.
Hospital	Hosptial invoice is usually billed directly to Johnson Inc. from the hospital. Itemized receipt showing: patient name, number of days in semi-private/private accommodation, rate charged per day, admission and discharge dates.
Durable Medical Aids/Equipment (prosthetics, surgical support stockings, wheelchair, CPAP, custom-made orthotics, orthopaedic shoes, etc.)	Written authorization from the attending Practitioner. Itemized receipts showing: patient name, detailed description of equipment, name and address of supplier, date and charge for each service.
Paramedical Services (massage, physiotherapy, chiropractor, etc.)	Receipt showing: patients name, service provided, date and charge for service, name of provider with his/her license, certificate or registration number. *Massage therapy also requires written recommendation of a Physician.
Prescribed Health Educational Program	Written recommendation by a Physician indicating program name and length of treatment required.
Private Duty Nursing	Written recommendation of a Physician and completion of an authorization form provided by Johnson Inc.
Vision Care	Itemized receipts showing: patient name, date, detailed description of vision care and charges for each, name and address of supplier.
Dental	Standard Dental Claim Form provided by the dental office. If claim is submitted electronically by the dental office then manual claim submision is not required.
Prestige Travel	Please contact SIGMA ASSISTEL for claim forms at 1-877-775-3695
MEDOC Travel	Please contact GLOBAL EXCEL for claim forms at 1-800-709-3420

*Manual Claim Submission only includes paper submissions mailed to Johnson Inc. 11120-178 Street, Edmonton, AB T5S 1P2

FREQUENTLY ASKED QUESTIONS

EXTENDED HEALTH CARE (EHC) PLAN

DENTAL CARE OPTION (ONLY AVAILABLE WITH EHC PLAN)

PRESTIGE TRAVEL OPTION (ONLY AVAILABLE WITH EHC PLAN)

MEDOC TRAVEL (SEPARATE PLAN)

EXTENDED HEALTH CARE (EHC) PLAN

1. HOW DO I SUBMIT AN EXTENDED HEALTH CARE (EHC) CLAIM ELECTRONICALLY? WHERE DO I GET A PAPER CLAIM FORM?

Most claims can now be submitted electronically. All members will be supplied with a health card which allows service providers to submit electronic claims on your behalf. Present your card to participating pharmacists, dentists, chiropractors, physiotherapists, opticians, optometrists, massage therapists, acupuncturists and other providers. Johnson Inc. will be invoiced for eligible expenses and you will only be asked to pay the remaining portion.

Note: The health card only works for healthcare providers who have signed up to participate in the Telus eClaims system.

In the event an electronic submission cannot be made, please pay for the purchase or service and submit the original receipt(s) for reimbursement to Johnson Inc. using your personalized claim form.

Note: Reimbursement for services such as Ambulance, Hospital and Dentists can be assigned directly to the provider.

An Extended Health Care claim form would have been included in your initial enrolment package. Upon each paper claim submission, a new personalized claim form will be sent to Members in the same package as the claim's verification receipt following a claim. You can also access additional personalized claims forms through the Johnson Inc. Members Only Website at:

www.johnson-insurance.com/Members-Only

Or by contacting Johnson Inc.'s Claims department at:

JOHNSON INC. – CLAIMS DEPARTMENT

Toll Free: 1-877-413-6599

Telephone: (780) 413-6599

Email: pbclaimswest@johnson.ca

8:30 a.m. to 4:30 p.m. MST, Monday through Friday

2. I AM NEW TO THE MARGE PLAN. HOW DO I GET MY PRESCRIPTIONS DIRECT BILLED TO THE PLAN?

When you go to your pharmacist, provide them with your Johnson Inc. health card. They will pull up the MARGE plan on their system and have the covered amount directly billed to the Plan. If they are having difficulty accessing your plan details, please have them contact Johnson Inc.'s Pharmacy Assistance line at:

Toll Free: 1-866-773-5467

8:30 a.m. to 4:30 p.m. MST, Monday through Friday

3. MY PHARMACIST AND HEALTHCARE PROVIDER CANNOT SUBMIT MY CLAIM ELECTRONICALLY. HOW DO I CHANGE THIS?

On the back of your card, there is contact information for your pharmacy should they have any questions or concerns regarding electronic submission of prescription drugs. At this point, Johnson Inc. can assist them with any error that may be occurring or instruct them on how to sign up to do electronic invoicing with Johnson Inc.

Plan members can ask their healthcare providers directly if they are a part of the Telus eClaims system, or they can find the information online at **www.telushealth.com/solutions-for-consumers**. Just submit your postal code for the nearest providers using eClaims. If your healthcare provider is not yet set up with eClaims and would like to be, they can visit the website **www.telushealth.com/eclaims** or contact them directly at: 1-866-240-7492.

In the event that your pharmacist or healthcare provider does not use direct billing, please incur the cost of your prescription and retain the receipt to submit a manual claim. Fill out an Extended Health Care Claim form, include the original unaltered receipt(s), and submit it to:

JOHNSON INC.
Plan Benefit Claims
11120 – 178 Street
Edmonton, AB T5S 1P2

4. HOW LONG UNTIL I AM REIMBURSED FOR MY EXTENDED HEALTH CARE EXPENSE?

The Johnson Inc. Claims department processes claims within 5 business days of receiving a submitted claim. Please allow a further 3 to 5 business days to account for the time it takes to arrive through the postal system.

Note: One way of expediting payment is to enlist in the electronic deposit option. This can be done by providing a blank check marked "VOID" with your next claim's submission and a note stating you would like the funds to be electronically deposited. This information will be kept on file for future payments.

5. HOW LONG DO I HAVE TO SUBMIT AN EXTENDED HEALTH CARE CLAIM?

Written proof of an eligible claim must be submitted to Johnson Inc. by the end of the Calendar Year following the year in which the claim was incurred. For example, if a claim is incurred on September 1, 2015, a claimant will have until December 31, 2016 to submit the eligible expense for reimbursement. In the event coverage has been cancelled, final claims must be received by Johnson Inc. within 90 days of termination of the plan.

6. WHY DO I HAVE TO MAIL MY ORIGINAL UNALTERED RECEIPTS AND INVOICES?

Insurance companies require original unaltered receipts and invoices to validate claim submissions and to ensure that the coordination of benefits is done accurately. In the event that your MARGE plan is the second payor after another private plan, Johnson Inc. may require photocopies of your receipts/invoices along with the original Explanation of Benefits from the first payor. Payments under all policies or plans (including this plan), shall be co-ordinated so that total payment does not exceed 100% of the eligible expenses incurred. This means that when the Insured Person is entitled to similar payments under one or more plans, payments under this Plan will be reduced so that they do not exceed 100% of eligible expenses incurred, after taking into account payments from the other plans. For more information on the co-ordination of benefits provision under the MARGE plan, please refer to your Certificate of Insurance.

Note: Most drug claims are coordinated electronically.

7. WHY WAS MY PRESCRIPTION NOT COVERED OR ONLY PARTIALLY COVERED?

The EHC prescription drug coverage is subject to certain copayments and limitations. Below is a description of the prescription coverages under both the **BASIC** and **ENHANCED** extended health care insurance plan.

BASIC PLAN - Reimbursement at 80% of charges to an annual maximum benefit of $1,500 per person per Calendar Year, subject to a maximum dispensing fee of $10 per script, a maximum markup to the manufacturer's list price of 8%, and subject to mandatory generic substitution pricing.

This plan will reimburse prescription drugs eligible under the Provincial Pharmacare Formulary up to the lowest price for interchangeable drugs (LCA) which are Pharmacare benefits.

ENHANCED PLAN - Reimbursement at 85% of charges for prescription drugs eligible under the Provincial Pharmacare Formulary up to the lowest price for interchangeable drugs (LCA) which are Pharmacare benefits; PLUS 75% for all other Non-Formulary prescribed drugs (LCA) to a combined maximum benefit of $1,750 per person per Calendar Year. Subject to a mandatory generic substitution (LCA), a maximum dispensing fee of $12.50 per script and a maximum markup to the manufacturer's list price of 8%.

Both plan options cover drugs, sera and injectables, and compounds/mixtures **included in the Provincial Pharmacare Formulary**, which by law require a prescription from a Physician, Dentist or practitioner legally qualified to prescribe, and dispensed by a licensed pharmacist; with the exception of the Enhanced Plan.

In addition, the plan covers non-prescribed drugs (which have a Drug Identification Number) required as a result of colostomy or ileostomy and/or treatment of cystic fibrosis, diabetes heart disease or Parkinson's.

Note: Drugs required for heart disease would include ASA 81 mg. Medical supplies are also covered for the same conditions (e.g., lancets, test strips, syringes).

Note: Maximum allowable supply is 100 days. If you plan to take an extended vacation, you can obtain up to a total of 200 day supply by completing a Vacation Supply Form. To obtain this form, you or your pharmacist may contact Johnson Plan Benefits Claims. The total cost of the prescription will count towards the Calendar Year maximum in the year in which the drugs are purchased.

FOR MORE INFORMATION ON SUBMITTING EXTENDED HEALTH CARE CLAIMS, PLEASE CONTACT:

JOHNSON INC. - CLAIMS DEPARTMENT

Toll Free: 1-877-413-6599

Telephone: (780) 413-6599

Email: pbclaimswest@johnson.ca

8:30 a.m. to 4:30 p.m. MST, Monday through Friday

DENTAL CARE OPTION (ONLY AVAILABLE WITH EHC PLAN)

1. HOW DO I SUBMIT A DENTAL CLAIM?

At your dental office, provide them with your Johnson Inc. Health and Dental Plan card. This will supply them with the information they need to automatically bill the covered amount to your insurance plan through the CDAnet system.

2. MY DENTAL OFFICE WAS UNABLE TO DIRECTLY BILL THE MARGE BENEFIT PLAN FOR MY DENTAL CHECK-UP. WHAT DO I DO?

Johnson Inc. will walk the dental office through the process of directly billing the plan through the CDAnet system. Please ask your dental office to contact Johnson Inc.'s Claims department at:

JOHNSON INC. - CLAIMS DEPARTMENT
Toll Free: 1-877-413-6599
Telephone: (780) 413-6599
Email: pbclaimswest@johnson.ca

If your dental office does not have the capabilities to bill through the CDAnet system, they will need to complete a standard dental claim form (SDCF), have you sign it, and mail it to Johnson Inc.'s Claims department.

3. HOW DO I KNOW IF A CERTAIN DENTAL PROCEDURE IS COVERED UNDER THE MARGE BENEFIT PLAN?

Your dental office will be able to submit a coverage request by mail only, for specific dental procedures. This pre-approval process will allow you to first determine whether a procedure is covered under the Plan and to what dollar amount, prior to undergoing the dental procedure. You will receive a copy of the pre-approval results, to determine how much of the procedure would be covered under the Plan. Please allow 2 to 4 weeks to receive this information by mail.

Note: Major Restorative procedures require a pre-treatment plan including the itemized services to be performed, the itemized charges for each service, and when required, must be supported by x-rays.

FOR MORE INFORMATION ON SUBMITTING DENTAL CARE CLAIMS, PLEASE CONTACT:

JOHNSON INC. - CLAIMS DEPARTMENT
Toll Free: 1-877-413-6599
Telephone: (780) 413-6599
Email: pbclaimswest@johnson.ca
8:30 a.m. to 4:30 p.m. MST, Monday through Friday

PRESTIGE TRAVEL OPTION (ONLY AVAILABLE WITH EHC PLAN)

1. WHO DO I CALL IN THE EVENT OF A MEDICAL EMERGENCY WHILE TRAVELLING?

Contact your Emergency Assistance Help Line – **SIGMA ASSISTEL**. You must **ALWAYS** call **SIGMA** before you seek emergency medical treatment, in the event of a Trip Cancellation claim prior to departure, or a Trip Interruption post departure. If you are unable to call because you are medically incapacitated, someone else (such as a relative, friend, nurse, physician or medical provider) must contact **SIGMA** on your behalf as soon as is reasonably possible.

At first onset of symptoms of a medical emergency and before you seek medical attention; contact the 24-hour **SIGMA Assistel Centre**. Immediate contact to the **SIGMA** is necessary to ensure expenses are covered. Call the following numbers on your Wallet I.D. card, any time of day or night:

SIGMA ASSISTEL:

Canada/USA (Toll Free): 1-877-775-3695

Other Countries (Call Collect): (514) 875-3695

Or Fax (514) 875-7729

2. WHAT WILL I NEED WHEN I CALL SIGMA?

You will need:

- Your Provincial Health Insurance Number;
- Your Certificate Number (shown on your coverage confirmation letter); and
- Your Sigma Policy# 644463 (shown on your wallet I.D. Card)

3. WHAT HAPPENS WHEN I CALL SIGMA ASSISTEL?

Sigma Assistel will orchestrate the following with you over the phone:

- Refer you to a physician or hospital within its network that can best provide the care you require.
- Make arrangements for payment of eligible expenses on your behalf. Do not assume that a hospital will make these arrangements with Sigma when you show your I.D. card.
- Advise your family and travelling companions that they should call on your behalf if you are unable to do so.
- When necessary, Sigma Assistel will make all transportation arrangements for emergency evacuation, transportation of a family member to your bedside and return of a vehicle.

4. WHAT DO I DO WITH MY EXPENSE RECEIPTS?

Wherever possible, the payment of medical services you receive will be coordinated through Sigma, in communication with your medical provider.

KEEP ALL OF YOUR ORIGINAL RECEIPTS for proof of claim in the event you are required to make payment yourself. When you contact the **Sigma Assistel** Centre, you are providing “Notice of Claim”. This call prompts Sigma to mail out the applicable claim form for you to complete and remit back to them. To request your claim form and provide “notice of claim”, please contact:

SIGMA ASSISTEL:

Canada/USA (Toll Free): 1-877-775-3695

Other Countries (Call Collect): (514) 875-3695

assistance@globalexcel.com

Please send your expense receipts with claim form to:

Desjardins Financial Security (AttentioN: Claims Department)

C.P. 3950, Lévis, Québec, G6V 8C6

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5. WHAT CAN I PROVIDE AS "PROOF OF DEPARTURE" IN THE EVENT OF A CLAIM?

Your coverage for Emergency Medical Insurance benefits and Trip Interruption and Delay Insurance benefits for each trip **begins on your day of departure from your province or territory of residence.**

If you have a claim, you will be required to provide proof of the day of departure from your province or territory of residence. The proof of departure must always identify either the member or spouse (by name and location). Proof of your day of departure includes:

- A border crossing receipt;
- Duty free receipt;
- Airline ticket or boarding pass;
- Stamped passport;
- Credit card receipt;
- Signed and dated bank or financial institution documents; or,
- Any signed and dated document that proves you were in your province or territory of residence the day before your scheduled day of departure.

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6. I HAVE ALREADY SUBMITTED MY CLAIMS RECEIPTS. WHY DO I KEEP RECEIVING PHYSICIAN OR HOSPITAL BILLS?

Sometimes it takes a while for a medical practitioner's system to verify that they have received payment. Do not be concerned. Please forward the receipts immediately to:

DESJARDINS FINANCIAL SECURITY (ATTENTION: CLAIMS DEPARTMENT)

C.P. 3950, Lévis, Québec, G6V 8C6

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7. IS THERE ANYTHING I SHOULD DO BEFORE I TRAVEL?

In order to simplify and expedite the payment of any travel claim, please consider the following:

- Make sure you understand your coverage: The plan covers you for emergencies only, outside of your province or territory of residence.
- An emergency is a sudden and unforeseen sickness or injury that requires immediate medical attention. Please note that eligible expenses for pre-existing conditions will be reimbursed as long as the Emergency is deemed sudden and unforeseen by the insured's medical history and insurer.

Note: The governing document is your Certificate of Insurance available at www.johnson.ca/marge or your members' only website.

- If you require medication for an ongoing condition, remember to bring enough with you for the duration of the trip. It is also a good idea to carry a copy of your eyeglass prescription.
- Be sure your coverage is in force with your Provincial Health Insurance Plan and that you meet the residency requirements for your province.
- You will be **REQUIRED TO PROVIDE PROOF OF DEPARTURE** in the event of a claim (see #5 above). Proof can take any form so long as it identifies your name, specifies the date and indicates that the transaction took place in your province of residence.

8. HOW LONG DO I HAVE TO SUBMIT A PREMIER TRAVEL CLAIM?

You must submit notice of the claim to **Sigma Assistel** within thirty (30) days after the medical emergency occurs, or as soon as is reasonably possible thereafter. A telephone call to **Sigma Assistel** to report the claim will be considered "Notice of Claim" under the terms of the policy. Written proof of claim must be submitted within 90 days after the date of the medical emergency, but not more than 12 months after the date of the medical emergency.

FOR MORE INFORMATION ON THE TRAVEL COVERAGE AVAILABLE TO MARGE MEMBERS, PLEASE CONTACT:

JOHNSON INC. - SERVICE DEPARTMENT

Toll Free: 1-877-989-2600

Telephone: (780) 413-6536

Email: pbservicewest@johnson.ca

8:30 a.m. to 4:30 p.m. MST, Monday through Friday

MEDOC TRAVEL (SEPARATE PLAN)

1. WHO DO I CALL IN THE EVENT OF A MEDICAL EMERGENCY WHILE TRAVELLING?

Contact your Emergency Assistance Help Line – **MEDOC** Claims Assistance Centre (Global Excel). You must **ALWAYS** call the **MEDOC** Claims Assistance Centre (Global Excel) before you seek emergency medical treatment, in the event of a Trip Cancellation claim prior to departure, or a Trip Interruption post departure. If you are unable to call because you are medically incapacitated, someone else (such as a relative, friend, nurse, physician or medical provider) must contact the **MEDOC** Claims Assistance Centre on your behalf as soon as is reasonably possible.

At first onset of symptoms of a medical emergency and before you seek medical attention, contact the 24-hour **MEDOC** Claims Assistance Centre (Global Excel). Immediate contact to the **MEDOC** Claims Assistance Centre is necessary to ensure expenses are covered. Call the following numbers on your Wallet I.D. card, any time of day or night:

GLOBAL EXCEL:
1-800-709-3420 in the U.S. or Canada
(819) 566-1002 collect from anywhere else

2. WHAT WILL I NEED WHEN I CALL GLOBAL EXCEL?

You will need:

- Your Provincial Health Insurance Number;
- Your **MEDOC** Certificate Number (shown on your coverage confirmation letter and MEDOC wallet I.D. card).

3. WHAT HAPPENS WHEN I CALL GLOBAL EXCEL?

Global Excel will orchestrate the following with you over the phone:

- Refer you to a physician or hospital within its network that can best provide the care you require.
- Make arrangements for payment of eligible expenses on your behalf. Do not assume that a hospital will make these arrangements with Global Excel when you show your I.D. card.
- Advise your family and travelling companions that they should call on your behalf if you are unable to do so.
- When necessary, Global Excel will make all transportation arrangements for emergency evacuation, transportation of a family member to your bedside and return of a vehicle.
- Coordinate claims payment from your Provincial Government Health Insurance Plan and any other plan in which you are enrolled.

4. WHAT DO I DO WITH MY EXPENSE RECEIPTS? WHERE DO I GET A PAPER CLAIM FORM?

Wherever possible, the payment of medical services you receive will be coordinated through the MEDOC Claims Assistance Centre, communication with your medical provider. **KEEP ALL OF YOUR ORIGINAL RECEIPTS** for proof of claim in the event you are required to make payment yourself. When you contact the **MEDOC** Claims Assistance Centre (Global Excel) you are providing “Notice of Claim”. This call prompts Global Excel to mail out the applicable claim form for you to complete and remit back to them. To request your claim form and provide “notice of claim”, please contact:

GLOBAL EXCEL:
1-800-709-3420 in the U.S. or Canada
(819) 566-1002 collect from anywhere else
assistance@globalexcel.com

5. WHAT CAN I PROVIDE AS "PROOF OF DEPARTURE" IN THE EVENT OF A CLAIM?

Your coverage for Emergency Medical Insurance benefits and Trip Interruption and Delay Insurance benefits for each trip **begins on your day of departure from your province or territory of residence.**

If you have a claim, you will be required to provide proof of the day of departure from your province or territory of residence. The proof of departure must always identify either the member or spouse (by name and location). Proof of your day of departure includes:

- A border crossing receipt;
- Duty free receipt;
- Airline ticket or boarding pass;
- Stamped passport;
- Credit card receipt;
- Signed and dated bank or financial institution documents; or,
- Any signed and dated document that proves you were in your province or territory of residence the day before your scheduled day of departure.

6. HOW LONG DO I HAVE TO SUBMIT A MEDOC TRAVEL CLAIM?

You must submit notice of the claim to the **MEDOC** Claims Assistance Centre within thirty (30) days after the medical emergency occurs, or as soon as is reasonably possible thereafter. A telephone call to the **MEDOC** Claims Assistance Centre to report the claim will be considered "Notice of Claim" under the terms of the insurance.

Within 90 days after the date of the medical emergency, but not more than 12 months after the date of the medical emergency you must submit written proof of claim. Incomplete or incorrect claim forms will be returned and may delay the claim processing. If, for any reason, you arrange treatment and pay the eligible expenses, you must provide supporting documentation. You are responsible for any expenses incurred for any necessary documents required for the purpose of adjudicating a claim.

7. I HAVE ALREADY SUBMITTED MY CLAIMS RECEIPTS. WHY DO I KEEP RECEIVING PHYSICIAN OR HOSPITAL BILLS?

Sometimes it takes a while for a medical practitioner's system to verify that they have received payment. Do not be concerned. Please forward the receipts immediately to the address on your claim form.

GLOBAL EXCEL:
1-800-709-3420 in the U.S. or Canada
(819) 566-1002 collect from anywhere else
assistance@globalexcel.com

8. IS THERE ANYTHING I SHOULD DO BEFORE I TRAVEL?

In order to simplify and expedite the payment of any travel claim, please consider the following:

- Make sure you understand your coverage: The plan covers you for emergencies only, outside of your province or territory of residence. **Coverage for each trip begins on your day of departure from your province or territory of residence.**
- If you require medication for an ongoing condition, remember to bring enough with you for the duration of your trip. It is also a good idea to carry a copy of your eyeglass prescription.

- Be sure your coverage is in force with your Provincial Health Insurance Plan and that you meet the residency requirements for your province.
- Ensure you have purchased the Plan that covers the duration of your trip: the 17-day Base Plan, the 35-day Base Plan, or the Supplemental Plan, which includes trips under the 35-day Base Plan and a single trip longer than 35 days up to a maximum number of days allowed under your Provincial or Territorial Health Insurance Plan in your province or territory of residence.
- You will be **REQUIRED TO PROVIDE PROOF OF DEPARTURE** in the event of a claim (see #5 above). The proof of departure must always identify either the member or spouse (by name and location).

FOR MORE INFORMATION ON THE TRAVEL COVERAGE AVAILABLE TO MARGE MEMBERS, PLEASE CONTACT:

JOHNSON INC. - SERVICE DEPARTMENT

Toll Free: 1-877-989-2600

Telephone: (780) 413-6536

Email: pbservicewest@johnson.ca

8:30 a.m. to 4:30 p.m. MST, Monday through Friday

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