



**Western School District
School Insurance Program – Policy No. 9226158**

Claims Procedures

Death and Dismemberment Claims (*Advise in writing as soon as possible*)

1. Name of Insured Student or Faculty Member
2. Date of Birth
3. Date of Accident
4. Date of Loss
5. Name and Address of Person to whom claim forms should be sent.
6. Type of Loss
7. Cause of Loss
8. Submit the above to our claims office in Montreal at:

**SSQ Insurance Company Inc
2020 University Street, Suite 1800
Montréal, Québec
H3A 2A5**

Telephone: 1-855-233-7056*

****Request transfer to Accident & Sickness Group Insurance Claims Department***

Fax: 1-866-682-6825

Medical, Dental or Miscellaneous Claims

1. Complete the Proof of Loss – Student Accident Insurance claim form in its entirety.
2. Have the “Attending Physician’s Statement” on Page 2 completed by the Attending Physician.
3. If claim is for Dental Expenses, complete Accidental Dental Claim Form as well as the Proof of Loss – Student Accident Insurance claim form.
4. A “Consent to collect, use and disclose personal information” form must accompany any of the forms listed above.
5. Submit the above to our claims office in Montreal at the address listed above.

For exact provisions of coverage and general enquiries, please contact:

*Steve Macdonald, RHU
Freedom 55 Financial
Phone: 709-722-7861 Ext. 251
E-mail: steve.macdonald@freedom55financial.com*
