

Your guide to the guard.me experience



Submit a claim on behalf of a minor (under 19 yrs)

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guard.me[®]
International Insurance

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Step 1: You can access the online claim form in three ways at www.guard.me

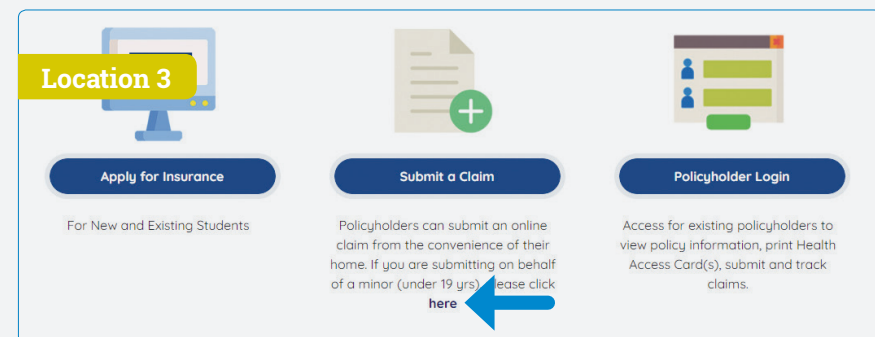
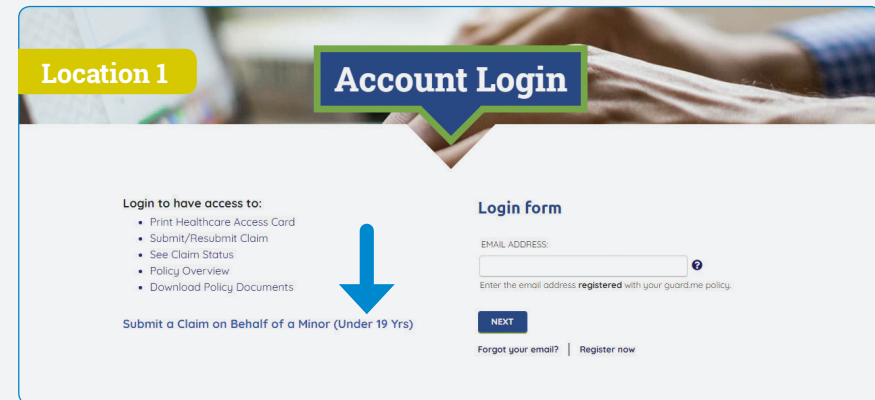
Note: Ensure that you have accepted all cookie preferences for the account login to be visible.

Location 1: Select Account Login from the main menu. Click on the link **Submitting a claim on behalf of a minor (under 19 yrs)?**

Location 2: Select Information from the main menu. Click on the link **Submitting a claim on behalf of a minor (under 19 yrs)?**

Location 3: Scroll down to Submit a Claim. Click on the link [here](#).

Note: A prompt will appear asking: Are you submitting on behalf of a minor (under 19 yrs)? Click Yes.



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Homestay/Custodian Info

Step 1: Fill out all mandatory fields indicated by *.

Step 2: A consent box will appear. Click the **check box** that says: I consent to the stated agreement above.

Step 3: Select the **NEXT** button.

The screenshot shows a web form titled "Homestay/Custodian Info" with tabs for "Homestay/Custodian Info", "Insured Info", "Claim Type", "Payment Details", and "Claim Details". Below the tabs, it says "Please enter the information below". The form is divided into two sections: "Homestay/Custodian Info" and "Consent".

Homestay/Custodian Info

First Name:*
Custodian

Last Name:*
Demo

Email Address:*
custodiandemo@guard.me

Phone Number:*
9057752600

Consent

I **Custodian Demo**, confirm that I have full custodianship and have been given consent to submit this claim on behalf of the insured. I declare that all the information provided in this Claim Form is true and complete. I acknowledge receipt of Travel Healthcare Insurance Solutions / guard.me International Insurance's **privacy notice**. I confirm that the insured has given their consent and authorization to any hospital, physician, other medical provider or insurer to provide by any secure means their complete medical record to Travel Healthcare Insurance Solutions Inc. / guard.me International Insurance and its insurers for the purpose of administering claims. All information is to be held in complete confidentiality and is not to be released to any party apart from those listed above. Use of my email address will be restricted to insurance inquiries unless I initiate email contact. A photocopy or facsimile transmission of this Claim Form is as valid as the original. I assign my right to payment to the party indicated above.

☒ I consent to the stated agreement above

NEXT

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Insured Information

Step 1: Fill out all mandatory fields, indicated by *.

Note: Please fill out the policy number as it appears on the Healthcare Access Card (HAC).

Step 2: If the policy holder is currently a student in British Columbia, check off the next section and attach their study permit in the box indicated (if applicable).

Step 3: Select the **NEXT** button.

The screenshot shows the 'Insured Information' tab of a claim submission form. The form is titled 'Please enter the insured's information below'. It contains several input fields, some of which are marked with an asterisk (*) to indicate they are mandatory. Blue arrows point to these mandatory fields: 'Policy or Certificate Number:*', 'Date Of Birth:*', 'First Name:*', and 'Last Name:*'. Below these fields, there is a checkbox labeled 'Is the policy holder currently a student in British Columbia?'. An arrow points to this checkbox. Below the checkbox, there is a section for attaching a study permit, labeled 'Attach Study Permit (if applicable)'. This section contains a large dashed box with the text 'Drag 'n' drop files here, or click to select files'. Below this box, there is a file input field containing the text 'My Study Permit.pdf'. An arrow points to the 'NEXT' button at the bottom right of the form. The 'PREVIOUS' button is also visible.

Homestay/Custodian Info Insured Info Claim Type Payment Details Claim Details

Please enter the insured's information below

Insured Information

Policy or Certificate Number:*
01121345SD

Date Of Birth:*
Sep 01, 2010

First Name:*
Insured

Last Name:*
Demo

☒ Is the policy holder currently a student in British Columbia?

Attach Study Permit (if applicable)

Drag 'n' drop files here, or click to select files

My Study Permit.pdf

PREVIOUS NEXT

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Claim Type

Step 1: Select the claim that applies to both **Claim Type** and **Claim Category**.

Step 2: Select the **NEXT** button.

The screenshot shows the 'Claim Type' step of the claim submission process. At the top, there is a navigation bar with five tabs: 'Homestay/Custodian Info', 'Insured Info', 'Claim Type' (which is highlighted), 'Payment Details', and 'Claim Details'. Below the navigation bar, there are two main sections. The first section, titled 'Claim Type', asks 'Is this claim related to a car accident or work injury?' and has two radio button options: 'Yes' and 'No'. A blue arrow points to the 'No' option, which is selected. The second section, titled 'Claim Category', asks 'Please Select the Category of the claim' and has three radio button options: 'Medical (Doctor Visit, Hospital Visit, X-Rays/Laboratory Tests, Medication, Dental Visit, Eye Exams, etc.)', 'Third Party Liability', and 'Trip Cancellation'. A blue arrow points to the 'Medical' option, which is selected. At the bottom right of the form, there are two buttons: 'PREVIOUS' and 'NEXT'. A blue arrow points to the 'NEXT' button.

Payment Details

Step 1: Select the payment that applies to both **Payment Selection** and **Payment Method**.

Step 2: Select the **NEXT** button.

The screenshot shows the 'Payment Details' step of the claim submission process. At the top, there is a navigation bar with five tabs: 'Homestay/Custodian Info', 'Insured Info', 'Claim Type', 'Payment Details' (which is highlighted), and 'Claim Details'. Below the navigation bar, there are two main sections. The first section, titled 'Payee Selection', asks 'Please select to whom should the funds be payable to?' and has two radio button options: 'Other' and 'Health Provider (Clinic / Doctor / Hospital)'. A blue arrow points to the 'Other' option, which is selected. The second section, titled 'Payment Method', asks 'Please select the Payment Method' and has three radio button options: 'Direct Deposit (Canada Only)', 'Wire Transfer (Outside Canada)', and 'Cheque'. A blue arrow points to the 'Direct Deposit (Canada Only)' option, which is selected. At the bottom right of the form, there are two buttons: 'PREVIOUS' and 'NEXT'. A blue arrow points to the 'NEXT' button.

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Claim Details

Step 1: Fill out all mandatory fields, indicated by *.

Step 2: Use the **ADD VISITS** button if you have more than one Visit Document.

Step 3: Select **Yes** or **No** for Alternate Insurance.

Step 4: Select the **SUBMIT CLAIM** button.

The screenshot shows the 'Claim Details' tab of a web form. At the top, there are tabs: 'Homestay/Custodian Info', 'Insured Info', 'Claim Type', 'Payment Details', and 'Claim Details'. Below the tabs, it says 'Please provide the details about your claim.' and 'SELECT THE CURRENCY OF YOUR INVOICE OR RECEIPT:'. A dropdown menu shows 'CAD-Canadian Dollar'. Below that, it says 'Tell us WHEN and WHY Insured saw the doctor.' and 'Visit # 1'. There is a 'REMOVE' button. The form has several fields with blue arrows pointing to them, indicating they are mandatory: 'Date:' (with a calendar icon and 'Sep 07, 2022'), 'Cost:' (with '300'), 'Service Type:' (with a dropdown menu showing 'Diagnostic Test'), and 'Please briefly describe the injury or illness:' (with 'diagnostic test'). At the bottom left, there is a yellow-bordered button labeled 'ADD VISITS' with a blue arrow pointing to it.

The screenshot shows the 'Visit Documents' and 'Alternate Insurance' sections. The 'Visit Documents' section has a dashed border and contains the text 'Please Provide your Receipts and Medical Records.' followed by a bulleted list: 'All files must be a maximum of 2 MB with a combined maximum of 8 MB', 'The only accepted file types are: .pdf .jpg .jpeg .png .gif', 'Invoices and/or receipts should be scanned individually', and 'Medication claims must be submitted with an Official Prescription Receipt - click [here](#) for an example'. Below this is the text 'Browse and attach all your receipts or invoices (At least one is required)'. There is a 'Visit Documents' section with a dashed border and a text box that says 'Drag n' drop files here, or click to select files'. Below this is a file upload area with a text box showing 'receipt and medical record.pdf' and a close button 'X'. The 'Alternate Insurance' section has a dashed border and contains the text 'Do you have any other insurance plan that covers the expenses being claimed?'. There are two radio buttons: 'No' (selected) and 'Yes'. A blue arrow points to the 'Yes' radio button. At the bottom right, there are two buttons: 'PREVIOUS' and 'SUBMIT CLAIM'. A blue arrow points down to the 'SUBMIT CLAIM' button.

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Step 5: A confirmation message will appear, as shown below. Click **OK** and you have now successfully submitted a claim. Should you need assistance, our Customer Care Team can be reached 24/7 at 1-877-873-8447 (toll free) or 905-752-6200.

Success



Thank you! You have successfully submitted your claim. Please allow 7-10 business days for your claim to be processed.

OK

