


Since 1978, Sutton Special Risk's claims team has been dedicated to providing customers with exceptional service. Sutton's administration is designed for speed and simplicity. Our in-house claims handling means you have direct contact with our claims staff to ensure fast and efficient processing of your claim. The Sutton claims team is highly experienced and handles multiple languages and currencies. We provide service in English, French and Spanish and are trained to handle a broad range of claims, including medical, domestic & expatriate and accident & health.

**To file a claim or for questions about an existing claim, please contact us at:**

@ [claims@suttonspecialrisk.com](mailto:claims@suttonspecialrisk.com)



416.366.4608

 **Toll free (Canada and U.S.):** 1.800.461.3292  
**Phone:** 416.366.2223  
Monday to Friday 8am-5pm EST



33 Yonge St., Suite 270 Box 311  
Toronto, ON M5E 1G4

### Submitting Claims on the Sutton App

Submitting a claim is fast and easy - just answer a few questions, take a picture of your receipts and submit it on the app for our claims department to review. In your web browser, go to <https://suttonapp.weeverapps.com> and click "Log in" or "Sign up" to get started.

### Emergency and Global Assistance Services

Sutton has partnered with On Call International to provide assistance services when you are travelling. You have access to the following assistance services:

- Medical Assistance
- Travel Assistance
- Security Assistance

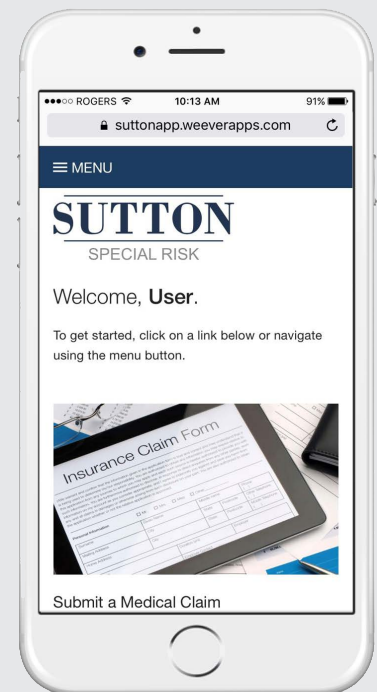


In the event of an emergency, please call On Call as soon as possible. On Call is available 24 hours a day, 7 days a week. Please note that On Call is not a first responder. If you are in a medical emergency please call local emergency response services first and then call On Call as soon as possible after that.

**Toll Free (North America):** 1.855.464.8968

**Collect from anywhere:** 1.603.328.1355

**Email:** [mail@oncallinternational.com](mailto:mail@oncallinternational.com)



The Sutton app is a web browser application, which means it can be accessed anytime, from anywhere in the world, using any mobile or desktop device. Our app users have quick access to travel & medical assistance, product information and important contact information.

If you require assistance seeking treatment, please contact On Call as soon as possible. This document outlines how treatments can be paid.

### Option 1: Pay and Submit

#### Pay out of pocket and submit your claim to Sutton Special Risk for consideration of reimbursement:

- Retain all receipts
- Complete a claim form
- Submit completed claim form, receipts and any medical documentation to Sutton Special Risk for consideration of reimbursement
- You may also submit your claim via the Sutton app

### Option 2: On Call Arranges Payment

#### On Call International places a GOP on your behalf:

- If you need a medical referral or you have already booked an appointment and need payment assistance, contact On Call International
- On Call will obtain an estimate of charges and medical reports from the facility
- Once documents are received and approved, On Call will issue a GOP to the facility

#### Important Information:

- Please contact On Call as soon as possible to ensure prompt treatment
- On Call must receive a medical report and estimate of charges before placing a guarantee or paying the medical facility directly



### What is a Guarantee of Payment (GOP)?

A GOP is a letter sent by On Call to a medical facility that informs the medical facility of your coverage dates and insurance benefits.

The letter asks the facility to send your medical bills to On Call directly for payment.

### Benefits of a GOP

- No out of pocket expense
- Easier access to treatment
- No need to submit a claim

Contact Us Anytime,  
*From Anywhere*

**Toll Free (North America):**  
1.855.464.8968

**Collect from anywhere:**  
1.603.328.1355

**Text Only Number:**  
+1 603-945-0103

**Email:**  
mail@oncallinternational.com

## Frequently Asked Questions About the Sutton Portal

### 1. What can I do on the Sutton portal?

The Sutton portal offers a fast and efficient way to submit claim expenses anytime, from anywhere in the world. You can submit medical, dental and sports disability claims, and you will be notified by email on the status of the claim. For users with Travel and Medical coverage under their plan, there is important travel and medical assistance information, as well as quick access to the assistance portal.

### 2. How do I access the Sutton portal?

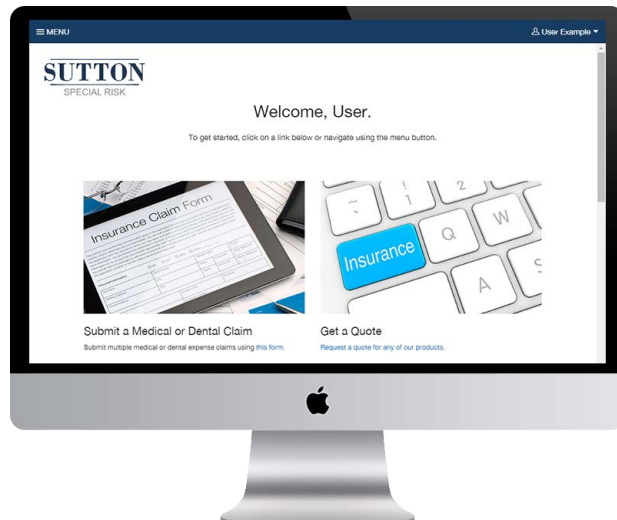
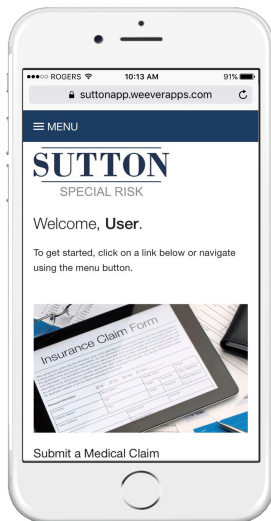
The Sutton portal is a web-based application, which means it can be accessed from any mobile or desktop device through an internet browser.

### 3. What advantages are there to having a browser-based application?

There are many advantages to having a web-based application. A web-based app does not need to be downloaded from an app store, so it does not take up any space on your device. It can be accessed on any mobile or desktop device, so you can submit claims from your phone, tablet or computer. Users in remote parts of the world without access to an app store can still access the Sutton portal without having to worry about downloading it. It can be added as an icon on your home screen for all devices, appearing and functioning like a downloaded app.

### 4. How do I sign up?

1. Go to <https://suttonapp.weeverapps.com> in your web browser.
2. Where it says, "Log in or sign up to get started", click "Sign Up".
3. To submit claims on the portal, you must complete all of the information in the *Sign Up* form. You can edit this information at any time in the *My Profile* section.
4. Click "Create my profile". You will be notified by email when your registration is approved.



## 5. How can I save the portal as an icon to my homescreen?

For easy access, pin the web page to your home screen:

- On most smartphones - With the web page open, tap the menu/share button, then tap “Add to Home Screen”. The icon will appear on your home screen, so you can drag and drop it wherever you like.
- On most desktop browsers - With the web page open, click the settings icon, then click the tool that says, “Pin to Start” or “Create Shortcut”.

## 6. Do I have to enter my policy information each time I submit a claim?

The Sutton portal makes submitting claims fast and easy. Users are required to fill in their policy information only during *Sign Up*, and the information can be edited in the *My Profile* section at any time. This information is automatically submitted with your claim, so you do not have to enter your policy information every time.

## 7. How do I submit a medical or dental claim?

1. Go to <https://suttonapp.weeverapps.com> or tap the icon you have saved to your home screen and log in.
2. Click on the “Submit a Medical or Dental Claim” link on the homepage of the portal.
3. Answer the three questions, completing your claim information in full. Upload a picture of your receipt and tap to sign.
4. Select “Email a copy to myself” if you wish to receive a PDF of your claim submission, and click “Submit”.

## 8. Can I mail in my claim instead?

You may prefer to print out a claim form and fax or mail it with your receipts to our claims department. Claim forms are available online at [www.suttonspecialrisk.com](http://www.suttonspecialrisk.com) under the “Forms” tab.

## 9. How will I receive my benefit payment?

You can receive your payment via cheque, direct deposit or wire transfer. For direct deposit or wire transfer, please email [claims@suttonspecialrisk.com](mailto:claims@suttonspecialrisk.com) with a scanned void cheque or the following banking information:

Direct Deposit:

- Name of Account Holder
- Bank Name
- Bank Address
- Bank Number
- Transit Number
- Account Number

Wire Transfer:

- Name of Account Holder
- Residence Address of Account Holder
- Account Number (aka IBAN number)
- Bank Name
- Bank Address
- Bank ID (aka Swift Code)
- Currency of Account

## 10. How long will it take for my claim to be processed and to receive payment?

Claims are processed and payments are issued within 3-5 business days of receiving all required information. Payment time will vary depending on how you choose to receive payment. Direct Deposit may take up to 3 business days depending on your financial institution. Wire transfer may take 1-2 business days to appear in your account. Cheques are mailed via Canada Post and delivery time will vary by region.

## 11. Who do I contact if I have questions about the portal?

If you have any questions, please email [app\\_support@suttonspecialrisk.com](mailto:app_support@suttonspecialrisk.com).

**MEDICAL EXPENSE CLAIM**

**To be completed by claimant**

Name of Policyholder	Policy no.	
Name of Insured	Email Address	
Name of Claimant (If other than above)	Relationship to Insured	
Address	Telephone no.	

**1)** Does the claimant have medical insurance under any other plan? (Including Spouse's Insurance and/or government health plan).

- NO**
- YES**

Name of Insurer	Policy no
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**2)** Are any expenses submitted as the result of an accident?

- NO**
- YES**

If yes, please provide details, including date and location of accident:

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**3)** Please provide a diagnosis for each bill submitted:

Date of Service	Charges	Diagnosis/Condition/Illness

4) Has the claimant ever had same or similar condition:

NO

YES

If yes, state when and describe: \_\_\_\_\_

\_\_\_\_\_

5) How do you wish reimbursement to be made?      Cheque       Direct Deposit       Wire Transfer

**If Direct Deposit:** Name of Bank \_\_\_\_\_ Bank Number \_\_\_\_\_  
Branch Address \_\_\_\_\_ Transit Number \_\_\_\_\_  
Name of account holder \_\_\_\_\_ Account Number \_\_\_\_\_

**If Wire Transfer:** Name of Bank \_\_\_\_\_ Bank I.D. (Swift Code) \_\_\_\_\_  
Branch Address \_\_\_\_\_  
Account Number \_\_\_\_\_ Currency of Account \_\_\_\_\_  
Name of Claimant \_\_\_\_\_ Account Number (IBAN) \_\_\_\_\_  
Residence Address of Account Holder \_\_\_\_\_

### Signature and Authorization

Please complete this form in its entirety, answering all sections and submit only original bills to the above address.  
I authorize the release of any information requested in respect of this claim to the Insurer or its agents and certify that the information given is true, correct and complete to the best of my knowledge.

Signature (Claimant)

Date