WELCOME TO FORMULARY PROTECT COVERAGE NAVIGATION SERVICES

Good News!

Assumption Life has partnered with ClaimSecure to launch **Coverage Navigation Services**, an offering designed to simplify accessing your drug plan benefits. Enrolling is easy—just review the details in this letter, complete the attached form, and return it to us.

ClaimSecure and Assumption Life are working together to better administer your drug plan. Your plan sponsor recently introduced **Formulary Protect Plus**, which provides coverage for most commonly prescribed medications while excluding Specialty Drugs. Specialty Drugs may be eligible for funding through provincial drug programs or special access programs.

Accessing the right treatment at the right time can be challenging. That's why we are offering professional support to guide you through the process. Our **Coverage Navigation Services** help reduce the complexity and stress of navigating applications and paperwork, ensuring you receive timely access to the treatment you need.

This service is designed not only to save you time and effort but also to secure long-term access to quality healthcare for you and your colleagues.

NEXT STEPS

To enroll in Coverage Navigation Services:

1. Complete the attached **Enrollment Form**.

2. Submit it to Assumption Life via fax, email, or mail.
   (Contact details are provided at the top of the form.)

Once your form is received, ClaimSecure will contact you within two business days to assist with your drug coverage needs.

For additional support, please reach out to Assumption Life Customer Care Services:

- Phone: **1-888-869-9797**
- Email: **drugs@assomption.ca**

We're here to help!

Sincerely,
The Assumption Life Team

Assumption Life
Group Insurance

COVERAGE NAVIGATION SERVICE
ENROLMENT FORM

Call us at 1-888-869-9797 or fax your requests or completed form to **1-855-401-9068**
OR correspond more rapidly by email at drugs@assumption.ca
OR Mail to Assumption Life, P.O. Box 160/770 Main St., Moncton NB E1C 8L1

claimsecure when precision matters

PATIENT INFORMATION

Patient Name	Group Number	Certificate Number	Relationship to Plan Member: ☐ Self ☐ Spouse ☐ Other
Street Address			City
Province		Postal Code	Patient Date of Birth (YYYY/MM/DD)

Telephone Number	Work / Mobile	Preferred Time of Contact
Home		__ AM (8:30am to 12pm)
		__ PM (12pm to 5pm)

Email Address

DRUG REQUESTED

Product Name	Strength	Regimen
Diagnosis		

PHYSICIAN INFORMATION

Physician Name	Telephone Number	Fax Number

PATIENT ASSISTANCE PROGRAM (to be completed by plan member if applicable)

Are you registered with a patient assistance program for your prescribed medication?   ☐ Yes   ☐ No

If yes, please provide: a) Case/File #: _____

b) Case worker contact information

Name: _____   Telephone Number:_____

SPOUSAL PLAN (to be completed by plan member if applicable)

Do you have drug benefits coordinated with your spouse's drug plan?   ☐ Yes   ☐ No

CONSENT

I here by authorize:

1. The collection, use and disclosure of my personal information between Assumption Life and its Administrator, ClaimSecure and any physician, healthcare provider, hospital, clinic, medically related facility, insurance company, government and third party patient assistance program administration company for the sole purpose of seeking drug coverage.

2. ClaimSecure to contact me and contact other parties on my behalf for the above-noted purpose.

A photocopy of this authorization shall be as valid as the original.

Signature	Date (YYYY/MM/DD)
X	

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