

# Better understanding and preventing insurance fraud

Your organization's group insurance plan helps you take care of yourself and your loved ones by, for example, reimbursing health and dental care claims.

However, control of costs to maintain these types of plans is a constant challenge. Fraud results in high costs, which creates pressure to increase premiums and affects the availability of coverage options.

Group insurance fraud affects everyone. By learning how to properly use your plan, you will be better able to recognize and help prevent fraud.

While three out of four Canadians underestimate the consequences of health and dental benefits fraud<sup>1</sup>, it is a threat to the maintenance and the sustainability of group insurance benefit plans.

<sup>1</sup> CLHIA Anti-Fraud Campaign Research Report, Environics Research Group, March 2018.

## Different facets of group insurance fraud

Fraud occurs when information is deliberately withheld or misrepresented to obtain a reimbursement from the group insurance plan to the financial benefit of a plan member, a service provider or another party.

By whom and how is fraud usually perpetrated? Here are a few examples:

- **A plan member** claims expenses for services that were never rendered
- **A plan member or a group of plan members colluding with a service provider** falsify claims with the intention of splitting the gains
- **Health and dental service providers** falsify receipts for plan members to ensure they are covered by their group insurance plan

## Fraud is far from victimless

Defrauding a group insurance plan can result in severe outcomes for plan members like you, the group insurance plan and the organization.



### For the plan member (you)

- Reimbursement of funds
- Job loss
- Criminal file
- Fine
- Prison
- Tainted reputation in the eyes of any organization, and family and friends



### For the group insurance plan and plan members (including you)

- Higher group insurance premiums
- Reduction or loss of coverage (depending on severity of the fraud)



### For the organization

- Additional costs that may cause changes to your group insurance plan

# Our nine tips

## for using your plan correctly

- 1** Carefully read your group insurance booklet or consult My Client Space to know the maximums that can be reimbursed for health or dental treatments, services or specific products.
- 2** Advise your organization of your eligibility status for another medical or dental care coverage and use coordination of benefits for full reimbursement of eligible fees.
- 3** Make sure the treatments you receive are necessary and are covered under the plan.
- 4** Use the *Provider search* functionality in My Client Space to find a health or dental care provider near you who meets the business practice standards recognized by iA Financial Group (Industrial Alliance Insurance and Financial Services Inc.). Furthermore, make sure the medical or dental care provider has the appropriate qualifications and meets the requirements of your plan (i.e.: member of a college/association recognized by iA Financial Group).
- 5** Stay away from health or dental service providers assuring you that their services are covered under your plan without checking first and report providers that are trying to trick you into submitting **false claims**.
- 6** Never give anyone (especially health or dental care providers) your policy and certificate numbers or any other information about your plan **in exchange for money or other incentives**. Report those who request that information.
- 7** Never leave a blank claim form bearing only your signature with a health or dental care provider. They could easily commit fraud in your name.
- 8** Never submit a claim before you have received the treatment, service or product. You always need a **clear invoice** as proof of services rendered.
- 9** Review your *Explanation of Benefits* statements or your claims history profile regularly in My Client Space to ensure that the expenses were incurred by you and/or your dependents.

### Actions iA Financial Group is taking to minimize and prevent insurance fraud

The mandate of the iA Financial Group Investigative Services team is to:

- Use inspection service provider best practices to put a stop to suspicious billing and/or claims schemes
- Compile and analyse the data obtained from all claims to detect abnormalities
- Seek input from clinical experts to help handle contentious claims

Furthermore, iA Financial Group is a member of the Canadian Life and Health Insurance Association (CLHIA), which helps Canadians recognize fraud, understand how to avoid becoming involved in fraudulent activities and increase awareness that fraud is a crime and can have real consequences.

### Be part of the solution

If you witness or suspect a fraudulent act, either by a colleague or a service provider, you can easily, and **in full confidentiality**, report it to iA Financial Group's Investigative Services.

**iA Financial Group's  
Investigative Services**  
1-866-789-3938  
[iainvestigativeservices@ia.ca](mailto:iainvestigativeservices@ia.ca)

### INVESTED IN YOU.