



Know what benefits fraud is

Each year people get caught committing workplace benefits fraud. Benefits fraud happens when an employee intentionally submits false or misleading information to their employer's insurance provider for the purpose of financial gain, like:

- Billing for health or dental services that were never received
- Submitting the same claim to multiple insurers to double your reimbursement
- Letting someone not covered by your plan use your benefits.

Know the consequences

Three-quarters of insured Canadians think the main consequence of benefits fraud is having to pay higher premiums or reimburse fraudulent payments. Only 25% believe they could lose their jobs. The truth is you could lose everything and even end up in jail.

Benefits fraud is theft. And stealing from your employer is a serious offence. A fraud conviction carries a permanent criminal record. And a criminal record can make it tough to get a job or to travel outside Canada.

Know how to refuse and report benefits fraud

Understanding how to use your benefits appropriately can help you guard against potential fraud.

- **Familiarize yourself with your benefits plan and the limits of your coverage**
- **Keep your personal benefits plan information in a safe place and don't lend your card to anyone**
- **Be sure you understand the treatments, services, and products being prescribed to you -- don't be afraid to ask questions**
- **Make sure that the explanation of benefits (EOB) and receipts provided by your insurer contain accurate information about the services or products you received**
- **If you notice anything suspicious, tell your employer or insurer**