



THE CANADA LIFE ASSURANCE COMPANY

245 Perimeter Center Parkway

Atlanta, Georgia 30346

Toll Free: 877-472-1127, Fax:770-290-9216

SPECIFIC ADVANCE REIMBURSEMENT AGREEMENT

Third Party Administrator:	
Group Name:	
Policy No:	
Effective Date:	
Type of Contract:	
Employee:	
Claimant:	
Requested Dollar Amount of Claim for Specific Advance:	

I am requesting the Specific Advance Reimbursement option in the amount of \$_____ for the attached Specific Stop Loss Claim.

I verify that:

1. The Specific Deductible, plus an additional \$1,000.00, has been processed, funded and checks have been released to the indicated providers. The total amount funded to date is \$_____.
2. The employer has funded all other claims for this Group.
3. Checks for Specific Advance Reimbursement of this claim will be released to the providers or other indicated payees within five (5) working days of receipt of the Canada Life reimbursement check.
4. Proof of payment of any portion of this claim will be promptly provided to Canada Life upon request.

Specific Advance Reimbursement is subject to the complete discretion of Canada Life. It is intended to provide relief for large shock expenses. Specific Advance requests must be received in writing no later than close of business on the expiration date of the Policy. Written approval from Canada Life must be received prior to the expiration of the Policy before the employer s excused from actual payment according to the terms of the Policy.

Print Name:	
Title:	
Date:	
Tel. No:	

Signed: _____ **(Authorized Representative of TPA)**