



How to Submit a Health Claim

You can use your Digital AGA Wallet card at many Health Providers (Pharmacists, Dentists etc.), and they can often submit Health claims on your behalf. Some providers aren't able to make direct claims like this, and you'll need to either submit the claim online or with a paper claim form for reimbursement.

The paper claim form is available on your AGA Member portal or on Samuel's benefits website (<https://samuel-benefits.ca/>).

It's often much faster to submit your claims online.

Step 1

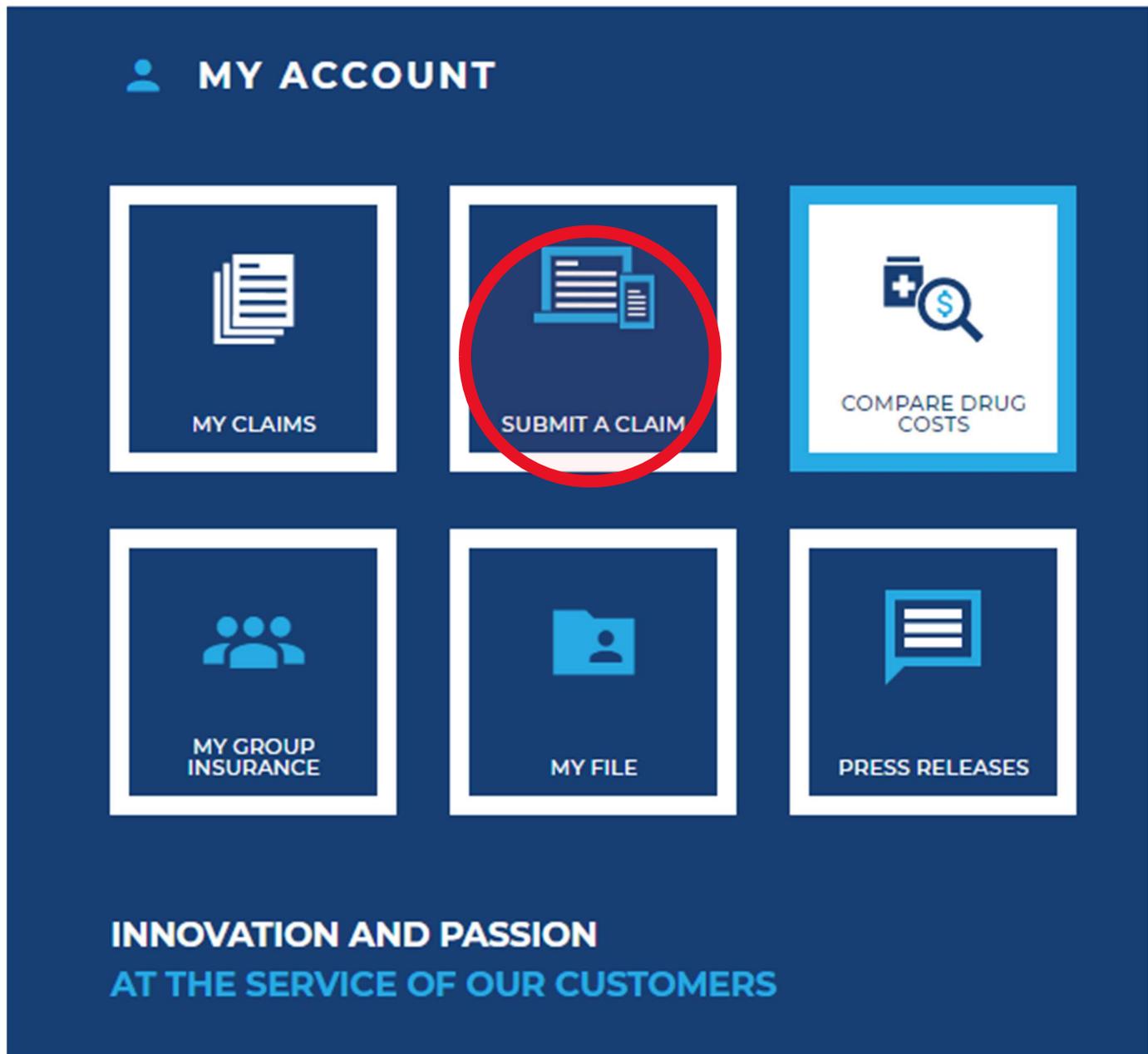
Log into your AGA account at: <https://adherents.aga.ca/en/login>

You'll need to Register your AGA account if it's the first time using it.

The screenshot shows the AGA login page. At the top left is the AGA logo with the text "AGA BENEFIT SOLUTIONS" and "FIRM IN GROUP INSURANCE OF PERSONS". At the top right is a "CONTACT US" link. Below the header is a blue banner with the text "INNOVATION AND PASSION AT THE SERVICE OF OUR CUSTOMERS" and a photo of five diverse people. To the right of the banner is a "LOGIN" section with a "CERTIFICATE NUMBER" input field, a "PASSWORD" input field with an eye icon, and a "Forgot your password?" link. Below the password field is a white button with a blue border labeled "OPEN A SESSION". At the bottom of the login section is a link "I DON'T HAVE AN ACCOUNT" with a blue button labeled "SIGN UP". On the left side of the page, under the banner, there are two sections: "HAVE ANY QUESTIONS? CONTACT US" with contact information (Montreal area 514 935-5444, Toll free 1 800 363-6217, 3500, De Maisonneuve Blvd West, Suite 2200, Westmount, Quebec, H3Z 3C1, service.client@aga.ca, Monday to Friday, from 8:30 a.m. to 8:00 p.m. Eastern Time) and "DOING MORE FOR EACH CLIENT".

Step 2

Once you've logged in, you'll see a few options. Click on the Square that says "Submit a Claim"



Step 3

Once you've clicked "Submit a Claim" you'll see a "Terms and Conditions" page. Please review the Terms and Conditions and click "I Accept" to continue.

Step 1

Step 2

Step 3

To submit your claim online, you must read and agree to the following Terms and Conditions.

Please note that expenses incurred outside of your province must be submitted along with a paper form and sent by mail. **For greater speed and simplicity, we encourage the use of your AGA card at the pharmacy or at your dental clinic.**

TERMS AND CONDITIONS

1

As administrator of your group insurance plan, AGA Financial Group has the right to verify the accuracy of the information you have provided to support your claim.

2

AGA Financial Group has the right to request that you submit the original receipts and any supporting documents within 12 months of the date you submitted your claim online. You must keep your original receipts during this period.

3

Upon request, you must submit to AGA Financial Group the original receipts and all supporting documents for the claims within 30 days of the date that these documents were requested. If AGA does not receive the requested documents by the deadline, your privilege to submit online will be temporarily suspended. If, however, you do not follow up our request, your privilege to submit online could be revoked permanently.

4

AGA Financial Group maintains the right at any time to revoke your privilege to submit your claims online. In such case, all future claims must be submitted using a paper claim form.

Please note that you must attach a picture of your receipts before submitting a claim. Be sure to have a picture of each of your receipts before starting the claim process.

I ACCEPT

I REFUSED

Step 4

Once you've clicked "I Accept," you'll see a screen that asks you for basic information about your Health claim and asks you to include a copy of the receipt. After you've entered the information and attached the receipt, click "Validate."

CLAIM

For whom are the fees of this claim

Select...

Claim Type

Select...

Service Date

YYYY-MM-DD 

Submitted Amount

\$00.00

Receipt/Annexed document(s) related to this claim
NOTE: Only one receipt with one or more annexed documents - maximum six files. Only PDF or image files will be accepted.

[+ ADD A FILE](#)

Expenses due to a work related accident? Yes No

Expenses due to a car related accident? Yes No

[+ ADD A CLAIM](#)

Comments

[VALIDATE](#) [CANCEL](#)

Step 5

After clicking the “Validate” link, you’ll see a final page with Terms and Conditions. Please review the Terms and Conditions and check off the “Yes” box and then click the ‘Submit’ button to submit your link to AGA. AGA will now be able to review your claim and reimburse you’re the eligible amount into your Bank Account.

5

UNDERSTAND and AUTHORIZE that in the event that there is reasonable suspicion of or any evidence of fraud or abuse regarding the claim, AGA Financial Group will have the right to use and exchange any information about the claim with any relevant regulatory, investigative or government body, any healthcare provider or professional, medical organization, insurance company, reinsurer, the policyholder, your employer, or any other party as provided by law for the purpose of investigating any such fraud or abuse.

6

You AGREE that a photocopy, fax or electronic version of this Confirmation and Authorization is as valid as the original.

7

You ACCEPT to be contacted by e-mail if any additional information is required.

I read and agree to the terms stated in the Confirmation and Authorization?

Yes

No

SUBMIT

CANCEL