FreeBalance Inc. Member Information Package

Welcome to Sutton Special Risk

This is your Member Information Package. It provides a comprehensive overview of your benefit program, a guide to making claims and also contains your Medical Insurance Card – please detach this card and carry it in your wallet at all times.

Sutton's claims and administrative personnel are highly experienced and have extensive experience with both domestic and expatriate programs. We have partnered with On Call International to provide comprehensive 24/7/365 global travel assistance services for our clients who work abroad and travel for business.

Your Member Information Package contains important information and should be kept in a place known to you and your family. Please take the time to review the contents of this package.

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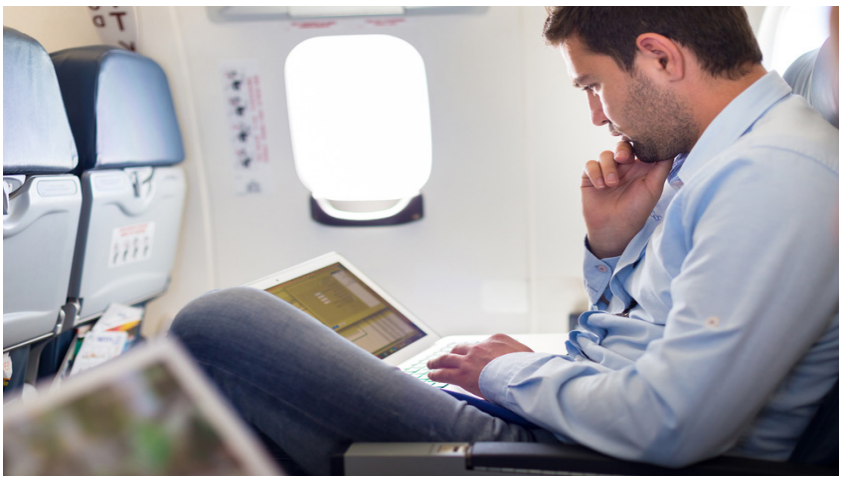
Claim Payment Guide - Page 11
Claims App Information - Page 12
Medical Claim Form - Page 13
Dental Claim Form - Page 15
Global Assistance Services - Page 17
Destination Intelligence - Page 18



Life's Risky.™

Plan for the unexpected.

SUTTON
SPECIAL RISK

If you are in a medical emergency, first call local emergency response services and then contact On Call as soon as possible.

For assistance, contact:

Toll Free (North America only): 1-855-464-8968
Calls from elsewhere in the world: 1-603-328-1355*
Text Only Number: 1-603-945-0103
Email: mail@oncallinternational.com

Emergency Medical, Travel and Security assistance is provided by On Call International and is available 24 hours a day, 7 days a week.

*Collect calls accepted

SUTTON
SPECIAL RISK

Notice to Physicians, Hospitals and Insureds: Pre-certification is required for all hospital inpatient care, surgical treatment and medical evacuations.

Medical Insurance

Policyholder: FreeBalance Inc.

Policy Number: 386/027341C

Please carry in your wallet at all times. Insurance effected through certain underwriters at Lloyd's. Coverage arranged and administered through Sutton Special Risk Inc.

FreeBalance Inc.

Eligibility	All Full-time Employees under the age of 70.
Territory	Coverage is Worldwide.
Claim Procedures	Written notice must be given to Insurer within 30 days and written proof must be submitted within 90 days of the date a claim arises. Failure to give notice of claim or furnish proof of claim within the time prescribed by this condition does not invalidate the claim if the notice or proof is given or furnished as soon as reasonably possible, and in no event later than one (1) year from the date of death or the date a claim arises under the contract if it is shown that it was not reasonably possible to give notice or furnish proof within the time prescribed.
How to Claim	Please refer to the attached Claims Guide for instructions on submitting claims and contact information should you have any claims questions or require Emergency Assistance Services.
Emergency Assistance	**24 Hour Worldwide Assistance services are provided by On Call International**. ***In the event of an emergency, immediately call:*** Toll Free (North America): 1-855-464-8968 Call collect from elsewhere in the world: +1 603-328-1355
Pre-Certification Requirements	On Call International must be contacted for all Air Ambulance Services. All hospital and surgical expenses must be pre-certified by On Call International. Family members, friends and Hospital or Physician's office staff may call on your behalf.
Repatriation	If the Insured Person has a serious or terminal illness or condition for which extended or ongoing treatment may be required and such treatment can be provided in their Country of Residence or Home Country at less cost to the Insurer, the Insured Person may be repatriated to their Country of Residence or Home Country.
Currency	Benefits will be payable in US currency.

Major Medical Insurance

Policy Number 386/027341C

(Single or Family Coverage)

Coverage outside the Employee's Country of Residence is limited to Emergency Treatment only

Benefit Percentage	100%
Deductible	Nil
Maximum	$1,000,000 lifetime per Insured Person
Pregnancy Benefits	Maximum $15,000 per Pregnancy and Delivery. Where a Caesarean Section is medically required, the maximum is increased to $25,000 per Pregnancy and Delivery. All other Complications of Pregnancy are insured in accordance with the Policy limitations, to a maximum of $75,000.
Well-Baby Care	To a maximum of $2,000 or 24 months of age, whichever is reached first.
Termination	Coverage terminates at the earlier of age 70 or retirement.
Insurer	Certain Underwriters at Lloyd's London through Sutton Special Risk Inc.

This Benefits Summary highlights the principal features of the plan, which is governed by the terms of the master policies. For a more detailed plan description including coverage provisions, limitations and exclusions, contact your plan administrator.

Major Medical Insurance (continued)

Policy Number 386/027341C

Covered Expenses	▪ Private room and board and other necessary Hospital services and supplies ▪ Outpatient Hospital services ▪ Physician services for medical treatment or surgical procedures ▪ Anaesthesia and its administration, diagnostic X-rays and radioactive therapies ▪ Blood Transfusions and blood plasma, oxygen and the administration thereof ▪ Artificial limbs, eyes or other prosthetic appliances, subject to a maximum of $3,000 per calendar year ▪ Rental or purchase (at the Insurer's option) of casts, cervical collars, crutches, trusses, splints and braces (except dental braces and splints) or orthopedic shoes if part of a brace (limited to $150 per pair and to a maximum of one (1) pair per Insured Person per calendar year), including any fee charged by a Physician for designing , constructing, fitting or applying such device, subject to a combined maximum of $3,000 for all expenses per calendar year ▪ Rental or purchase (at the Insurer's option) of a wheelchair, mechanical aids to breathing and other durable medical equipment for temporary therapeutic treatment, subject to a maximum of $7,500 per accident, sickness or disease ▪ Professional nursing services rendered by a Nurse (maximum $15,000 per calendar year) ▪ Local ambulance to and from Hospital where medically necessary, up to a maximum of $1,500 per accident, sickness or disease. ▪ One (1) physical examination per calendar year (including pre-trip examinations within 30 days of departure), to a maximum of $350 ▪ Drugs and medicines which require a written prescription (including oral contraceptives) when not administered during Hospital Confinement, subject to a dispensing maximum of a six (6) month supply. ▪ Allergy treatments ▪ Pre-trip vaccinations (within 30 days of departure) and immunizations up to a combined maximum of $2,000 ▪ Expenses for administration of vaccines, anti-toxins, injections for immunizing against disease or poisons, up to a maximum of $125 per Insured Person per calendar year ▪ Diabetic supplies (insulin, syringes and glucose strips) ▪ Physiotherapist or speech therapist up to a maximum of $1,500 per calendar year per type of service when ordered by a Physician ▪ Licensed psychologist, chiropodist/podiatrist, chiropractor, naturopath, osteopath, acupuncturist or massage therapist to a maximum of $500 per calendar year per type of service. Coverage includes diagnostic x-rays and laboratory tests ordered by a chiropractor, osteopath or chiropodist/podiatrist, up to a maximum of one (1) x-ray per practitioner per calendar year. ▪ Contraceptives ▪ Expenses for Membership and access fees charged by medical clinics ▪ Replacement of prescription glasses or hearing aids required as a result of damage caused by a direct accidental blow occurring while the person is insured ▪ Dental services necessitated by an accidental blow to the mouth (treatment incurred within 90 days, to a maximum $15,000 per accident ▪ Charges by a licensed ophthalmologist or optometrist for one (1) eye exam per Insured Person every 24 consecutive months ▪ If while outside the Insured Employee's place of permanent posting and as a result of Injury or Sickness the attending Physician certifies in writing that the Insured Person, due to his/her medical condition, is prohibited from resuming any travel following discharge from the Hospital, the Insurer will pay the reasonable and necessary expenses actually incurred for board and accommodation, up to a maximum of $1,000

This Benefits Summary highlights the principal features of the plan, which is governed by the terms of the master policies. For a more detailed plan description including coverage provisions, limitations and exclusions, contact your plan administrator.

Major Medical Insurance (continued)

Policy Number 386/027341C

Pregnancy and Delivery Expenses	▪ Pregnancy and Delivery benefits to a maximum of $15,000 per Pregnancy. Pregnancy and Delivery benefit covers Medically Necessary expenses incurred in respect of childbirth. Eligible expenses include delivery costs, pre-natal and post-natal treatment of the mother, Hospitalization and Physicians services. ▪ Midwifery services are deemed to be a covered expense when used in place of or in addition to a Physician ▪ Where Caesarean Section is Medically Necessary, the Pregnancy and Delivery maximum is increased to $25,000 per Pregnancy ▪ Elective Caesarean Section or Caesarean Section deemed necessary as a result of a previous elective Caesarean Section is limited to a maximum of $15,000 under the Pregnancy and Delivery benefit ▪ Other Complications of Pregnancy are insured under the Emergency Pregnancy and Delivery benefit in accordance with the Policy limitations, to an overall maximum of $75,000
Well-baby Care Expenses	▪ Well-baby Care (including the outlined Immunizations) to a maximum $2,000 or 24 months of age, whichever is reached first. Eligible Well-baby immunizations are as follows: Diphtheria-Tetanus- Pertussis (DTaP), Inactivated Polio Vaccine (IPV), Haemophilus Influenzae Type B (Hib), Mumps- Measles-Rubella (MMR), Hepatitis B
Additional Covered Expenses	**Air Ambulance, Transportation & Repatriation Expenses** The following benefits are payable subject to an overall combined maximum of $500,000: a) Necessary transportation expenses for the Insured Person to the nearest hospital, or to a hospital in their country of normal residence if deemed essential by the attending Physician or Surgeon. All airline flights will be paid at economy fare, unless executive class is deemed medically necessary by the attending Physician. b) Roundtrip transportation for anaccompanying qualified medical attendant to hospital and back. c) Roundtrip economy transportation for one accompanying family member and/or any minor dependents, who actually reside with the Insured Person in the country of employment or assignment, to the hospital and back, or in the case of minor dependents to the nearest available alternative caregiver. d) Roundtrip economy transportation costs for one family member not residing with the Insured Person between their country of residence and the country of employment, where the Insured Person has died or is certified by their attending Physician or Surgeon to be in critical condition, up to a maximum of $10,000. e) In the event of the death of the Insured Person, the expenses of preparation and transport home of the body, including costs of embalming and a coffin.
Termination	Coverage terminates at the earlier of age 70 or retirement.
Insurer	Certain Underwriters at Lloyd's London through Sutton Special Risk Inc.

This Benefits Summary highlights the principal features of the plan, which is governed by the terms of the master policies. For a more detailed plan description including coverage provisions, limitations and exclusions, contact your plan administrator.

Dental Insurance

Policy Number 386/027341C

(Single or Family Coverage)

Deductible	**Part 1 Expenses** Nil **Part 2 and Part 3 Expenses** Nil
Benefit Percentage	**Part 1 and Part 2 Expenses** 100% **Part 3 Expenses** 50%
Maximum	**Part 1, 2 and 3 Expenses** A combined maximum of $3,000 per Insured Person per calendar year
Part 1 Expenses	**Diagnostic and Preventive Services** (Includes oral examinations, consultation where required and upon referral by a dentist or physician, prophylaxes and topical applications of fluoride.) **Emergency Palliative Treatment** (Non-specific treatment employed by dentists on an emergency basis to temporarily relieve pain.)
Part 2 Expenses	**Radiographs** (X-rays, as required or in conjunction with the diagnosis of a specific condition.) **Oral Surgery** (Extractions and other surgical dental procedures employed by dentists, including pre-operative and post-operative care.) **Endodontics** (Procedures employed by dentists for the treatment of teeth with diseased or damaged nerves (for example, root canals.) **Periodontics** (Procedures employed by dentists for the treatment of the gums and supporting structures of the teeth.) **Minor Restorative Services** (Restorative services are those employed by dentists to rebuild, repair or reform the tissues of the teeth.) Minor restorative services include amalgam and resin restorations and relines and repairs to prosthetic appliances
Part 3 Expenses	**Prosthodontics** (Services and appliances such as bridges, partial dentures and complete dentures that replace missing natural teeth.) **Major Restorative Services** (Restorative services are those employed by dentists to rebuild, repair or reform the tissues of the teeth). Major restorative services include cast restoration crowns and are covered only when the teeth cannot be restored with another filling material.
Limitations	▪ Scaling and cleaning plus topical fluoride treatment and other anti-cariogenic substances and oral examinations are limited to one (1) treatment in any six (6) month period ▪ Silicate, acrylic, composite and amalgam for anterior fillings and amalgam only for posterior fillings and preformed stainless steel crowns ▪ Initial provision and installation of space maintainers apply only for children under age 18 years of age ▪ Oral hygiene instruction for brushing, massaging and flossing is limited to one (1) adult per family per lifetime ▪ Repair and recementing of crowns, inlays, bridges and dentures or relining of dentures is limited to once in any twelve (12) month period
Termination	Coverage terminates at the earlier of age 70 or retirement.
Insurer	Certain Underwriters at Lloyd's London through Sutton Special Risk Inc.

This Benefits Summary highlights the principal features of the plan, which is governed by the terms of the master policies. For a more detailed plan description including coverage provisions, limitations and exclusions, contact your plan administrator.

Disability Insurance

Policy Number 386/027341C

(Employee Coverage Only)

<table>
<tr><td>Temporary Total Disability</td><td>
Monthly Benefit: 60% of Monthly Earnings to a maximum of $10,000 per month
Non-Evidence Maximum: $10,000
Elimination Period: 90 days each and every loss
Maximum Number of Months Payable: As outlined in the Maximum Benefit Period for Temporary Total Disability table below:
Maximum Benefit Period for Temporary Total Disability
<table>
<tr><th>Age at Disablement</th><th>Maximum Benefit Period</th></tr>
<tr><td>60 or less than age 60</td><td>60 months</td></tr>
<tr><td>61</td><td>48 months</td></tr>
<tr><td>62</td><td>42 months</td></tr>
<tr><td>63</td><td>36 months</td></tr>
<tr><td>64</td><td>30 months</td></tr>
<tr><td>65</td><td>24 months</td></tr>
<tr><td>66</td><td>21 months</td></tr>
<tr><td>67</td><td>18 months</td></tr>
<tr><td>68</td><td>15 months</td></tr>
<tr><td>69</td><td>12 months</td></tr>
</table>
Temporary Total Disability means that the Insured Person is wholly and continually prevented from performing the major duties pertaining to his or her occupation or profession as stated in the Schedule of Benefits.
Cost of Living Adjustment (COLA): To the lesser of the Canadian Consumer Price Index (CPI) percentage increase or 3%
Survivor Benefit: Three (3) times the Insured Person’s last monthly benefit payment
Waiver of Premium: Applies after the 90 day Elimination Period
</td></tr>
<tr><td>Permanent Total Disability</td><td>
Capital Benefit: The Present Value of the monthly Temporary Total Disability benefit to age 65.
Elimination Period: Payable upon the exhaustion of the Maximum Number of Months payable under the Temporary Total Disability benefit.
Permanent Total Disability means that the Insured Person is disabled beyond hope of improvement and will be wholly and permanently disabled and prevented for the remainder of his or her life, from engaging in any and every occupation, profession, or employment for compensation for which he or she is reasonably or may reasonably become qualified by education, training or experience.
</td></tr>
<tr><td>All Source Limitation</td><td>
If income as a result of disability is received from another source, disability benefits payable under this Policy will be reduced so that the total disability benefits received, with or without income from another source, will not exceed:
a) 85% of pre-disability, net after tax income, if the benefit payable by the Insurer is non-taxable income to the Insured Person; or
b) 85% of pre-disability income, if the benefit payable by the Insurer is taxable income to the Insured Person.
Income for overtime or special bonuses paid by the employer will not be included in the pre-disability income calculation.
</td></tr>
</table>

This Benefits Summary highlights the principal features of the plan, which is governed by the terms of the master policies. For a more detailed plan description including coverage provisions, limitations and exclusions, contact your plan administrator.

Disability Insurance (continued)

Policy Number 386/027341C

Pre-existing Condition Limitation	With respect to Disability benefits, no benefit will be payable for a period of 12 months from the Insured Person's effective date under this policy, for any Loss, Injury or Sickness resulting or caused, in whole or part, from a Pre- existing condition which, during the 3 months immediately prior to becoming an Insured Person under this policy: i) first manifested itself, worsened, became acute or exhibited symptoms that would have caused an ordinary prudent person to seek diagnosis, care or treatment; or ii) required taking prescribed drugs or medicines, unless the condition for which the prescribed drug or medicine is taken remained controlled without any change in the required prescription; or iii) the Insured Person received medical treatment for, or which treatment had been recommended by a Physician. **Pre-existing condition** means an illness, disease or other condition of the Insured Person that existed before the Insured Person's coverage became effective under this policy.
Termination	Temporary Total Disability coverage terminates at the earlier of age 70 or retirement. Permanent Total Disability coverage terminates at the earlier of age 65 or retirement.
Insurer	Certain Underwriters at Lloyd's London through Sutton Special Risk Inc.

Life Insurance (Natural Causes Only) Policy

Number SUT10001/0117C

(Single or Family Coverage)

Employee Basic Life Insurance	Two (2) times annual Salary rounded to the next higher $1,000 (if not already a multiple thereof), up to a maximum of $300,000.
Spouse and Dependent Children Life Insurance	**Spouse:** $20,000 **Each Child:** $10,000
Termination	Coverage terminates at the earlier of age 70 or retirement.
Insurer	Western Life Assurance Company through Sutton Special Risk Inc.

This Benefits Summary highlights the principal features of the plan, which is governed by the terms of the master policies. For a more detailed plan description including coverage provisions, limitations and exclusions, contact your plan administrator.

Accidental Death & Dismemberment Insurance

Policy Number 386/027341C

(Single or Family Coverage)

Benefit Amount	**Employee:** $350,000 **Spouse:** $20,000 **Dependent Children: $**10,000
Additional Benefits	▪ Permanent Total Disability - equal to the Benefit Amount ▪ Repatriation - maximum $50,000 ▪ Identification - maximum $15,000 ▪ Rehabilitation - maximum $15,000 ▪ Rehabilitative Physical Therapy - maximum $10,000 ▪ Funeral - maximum $5,000 ▪ Bereavement - maximum $1,500 (limited to 6 sessions) ▪ Spousal Retraining - maximum $15,000 ▪ Special Education - 5% of Benefit Amount to a maximum of $10,000 per year for up to 4 years ▪ Day Care - 5% of Benefit Amount to a maximum of $5,000 per year for up to 4 years ▪ Family Transportation - maximum $15,000 ▪ Home Alteration & Vehicle Modification - maximum - $15,000 or 10% of Benefit Amount to a maximum of $25,000, whichever is greater ▪ Workplace Accommodation & Alteration - maximum $7,000 ▪ Hospital Confinement Monthly Income - 1% of Benefit Amount to maximum of $2,500 ▪ Seat Belt - 10% of Benefit Amount ▪ Parental Care - 10% o Benefit Amount to a maximum of $10,000 ▪ Child Enhancement - maximum $20,000 ▪ Common Disaster - maximum $700,000
Aggregate Limit	$5,000,000 for any one known accumulation and $5,000,000 per any one Aircraft accumulation
Termination	Coverage terminates at the earlier of age 70 or retirement.
Insurer	Certain Underwriters at Lloyd's London through Sutton Special Risk Inc.

This Benefits Summary highlights the principal features of the plan, which is governed by the terms of the master policies. For a more detailed plan description including coverage provisions, limitations and exclusions, contact your plan administrator.

For almost 40 years, Sutton Special Risk's claims team has been dedicated to providing customers with exceptional service. Our in-house claims handling means you have direct contact with our claims staff to ensure fast and efficient processing of your claim. The Sutton claims team provides service in English and French and is trained to handle a broad range of claims. We manage claims from around the globe. We are here when you need us and strive to make the claims process as easy and smooth as possible.

Claims forms are available online at www.suttonspecialrisk.com/forms.html.

If you wish to report a claim or have questions about an existing claim, please contact us at:

claims@suttonspecialrisk.com

416.366.4608

Toll free 1.800.461.3292 or 416.366.2223
Monday to Friday 8am-4:30pm

33 Yonge Street Suite 270 Box 311
Toronto, ON, Canada M5E 1G4

Emergency and Global Assistance Services

Sutton has partnered with On Call International to provide assistance services when you are travelling. You have access to the following assistance services:

- Medical Assistance
- Travel Assistance
- Security Assistance

In the event of an emergency, please call On Call as soon as possible. On Call is available 24 hours a day, 7 days a week. Please note that On Call is not a first responder. If you are in a medical emergency, please call local emergency response services first and then call On Call as soon as possible after that.

Toll Free (North America): 1.855.464.8968
Collect from anywhere: 1.603.328.1355
Text Only Number: +1 603-945-0103
Email: mail@oncallinternational.com

For fast and easy medical claims processing, we recommend submitting your claim through our mobile app.

If you require assistance seeking treatment, please contact On Call as soon as possible. This document outlines how treatments can be paid.

Option 1: Pay and Submit

Pay out of pocket and Submit Your Claim to Sutton Special Risk for consideration of reimbursement:

- Retain all receipts
- Complete a claim form
- Submit completed claim form, receipts and any medical documentation to Sutton Special Risk for consideration of reimbursement
- You may also submit your claim via the Sutton app

Option 2: On Call Arranges Payment

On Call International places a GOP on your behalf:

- If you need a medical referral or you have already booked an appointment and will need payment assistance, contact On Call International
- On Call will obtain an estimate of charges and medical reports from the facility
- Once documents are received and approved, On Call will issue a GOP to the facility

Important Information:

- Please contact On Call as soon as possible to ensure prompt treatment
- On Call must receive a medical report and estimate of charges before placing a guarantee or paying the medical facility directly

ON CALL INTERNATIONAL

What is a Guarantee of Payment (GOP)?

A GOP is a letter sent by On Call to a medical facility that informs the medical facility of your coverage dates and insurance benefits.

The letter asks the facility to send your medical bills to On Call directly for payment.

Benefits of a GOP

- No out of pocket expense
- Easier access to treatment
- No need to submit a claim

Contact Us Anytime,
From Anywhere

Toll Free (North America):
1.855.464.8968
Collect from anywhere:
1.603.328.1355
Text Only Number:
+1 603-945-0103
Email:
mail@oncallinternational.com

Announcing the New & Improved Sutton App!

The Sutton Special Risk App offers an efficient way to submit claim expenses anytime, from anywhere in the world. App users also have quick access to travel & medical assistance and important contact information.

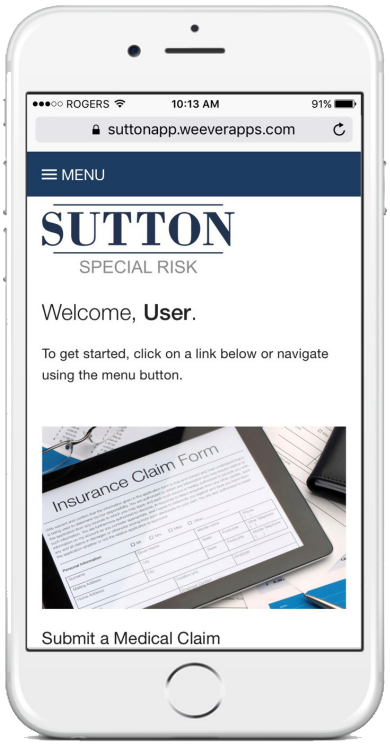
Submitting a claim is fast and easy - just answer a few questions, take a picture of your receipts and submit it on the app for our claims department to review.

How It Works:

The Sutton App is a web browser application, which means it can be accessed from any mobile or desktop device. Go to https://suttonapp.weeverapps.com in your web browser to access the new app.

How to Sign Up:

1. Go to https://suttonapp.weeverapps.com in your web browser.
2. Where it says, "Log in or sign up to get started", click 'sign up'.
3. Complete your Email Address, First Name and Last Name. If you plan to submit claims on the app, you must complete all of the information in the Sign Up form. You can edit this information at any time in the My Profile section.
4. Click "Create my profile". Your registration will be approved within 12 hours.



For easy access, pin the web page to your home screen:

- On most smartphones - With the webpage open, tap the menu/share button, then tap 'Add to Home Screen". The icon will appear on your home screen like any other app, so you can drag and drop it wherever you like.
- On most desktop browsers - With the webpage open, click the settings icon, then click the tool that says "Pin to Start" or "Create Shortcut".

SUTTON
SPECIAL RISK

33 Yonge Street, Suite 270
Toronto, Ontario M5E 1G4
Tel: (416) 366-2223
Fax: (416) 366-4608
Toll Free: 800-461-3292

Medical Expense Claim

To be completed by claimant

Name of Policyholder FreeBalance Inc.		Policy no. 386/027341C
Name of Insured	Email Address	
Name of Claimant (If other than above)		Relationship to Insured
Address		Telephone no.

1) Does the claimant have medical insurance under any other plan? (Including Spouse's Insurance and/or government health plan).

☐ **NO**
☐ **YES**

Name of Insurer	Policy no.

2) Are any expenses submitted as the result of an accident?

☐ **NO**
☐ **YES**

If yes, please provide details, including date and location of accident:

_____

_____

_____

3) Please provide a diagnosis for each bill submitted:

Date of Service	Charges	Diagnosis/Condition/Illness

4) How do you wish reimbursement to be made? Cheque ☐ Direct Deposit ☐ Wire Transfer ☐

If Direct Deposit:
Name of Bank _____ Bank Number _____
Branch Address _____ Transit Number _____
Name of account holder _____ Account Number _____

If Wire Transfer:
Name of Bank _____ Bank I.D. (Swift Code) _____
Branch Address _____
Account Number _____ Currency of Account _____
Name of Claimant _____ Account Number (IBAN) _____
Residence Address of Account Holder _____

Privacy Notice

Sutton Special Risk is committed to protecting the privacy and confidentiality of the personal information we collect. The information collected on this claim form is required to determine eligibility for coverage or to determine eligibility for benefits under this coverage.

This information, and information in existing files, may be used by Sutton Special Risk Inc., its agents, affiliates, partners, reinsurers, authorized administrators for these purposes, and certain underwriters at Lloyd's, London, regardless if coverage ceases to be in force. Your information will only be shared as necessary. Some of these entities may be located outside of Canada, therefore your information may be processed in a foreign jurisdiction, unless we are otherwise prohibited, where it will be subject to the laws of that jurisdiction.

If you have any questions or if you would like to see what personal information we have on file you may contact us at privacy@suttonspecialrisk.com or Privacy Office, Sutton Special Risk Inc., 33 Yonge Street, Suite 270, Toronto, Ontario M5E 1G4. A copy of Sutton Special Risk's privacy policy is available on our website or by request.

Signature and Authorization

Please complete this form in its entirety, answering all sections. Please review the authorization below and sign and date.

I AUTHORIZE any physician, medical practitioner, hospital, clinic, other medical or medically related facility, insurance or reinsuring company, the Medical Information Bureau, consumer reporting agency, or employer having information available as to diagnosis, treatment and prognosis with respect to any physical or mental condition and/or treatment of me, my spouse or my eligible children to give Sutton Special Risk, or its legal representative any and all such information pursuant to this claim. I UNDERSTAND the information obtained by use of this Authorization will be used by Sutton Special Risk to determine eligibility for coverage or eligibility for benefits under existing coverage. Any information obtained will not be released by Sutton Special Risk to any person or organization except to the Insurer, or other persons or organizations performing business or legal services in connection with my claim, or as may be otherwise lawfully required, or as I may further authorize. I KNOW that I may request to receive a copy of this Authorization. I AGREE that a photographic copy of this Authorization shall be as valid as the original. I AGREE this Authorization shall be valid for two years from the date shown below.

Signature (Claimant) Date (month/day/year)

SUTTON
SPECIAL RISK

33 Yonge Street, Suite 270
Toronto, Ontario M5E 1G4
Tel: (416) 366-2223
Fax: (416) 366-4608
Toll Free: 800-461-3292

Dentist Statement of Claim

☐ DENTIST'S PRE-TREATMENT ESTIMATE
☐ DENTIST'S STATEMENT OF ACTUAL SERVICES

Insured Information

Name of Policyholder FreeBalance Inc.	Contract no. 386/027341C
Name of Insured	Email Address
Name of Patient (If other than above)	Relationship to Insured
Address	Telephone no.
Is patient covered by another plan? ☐ NO ☐ YES	If yes, state dental plan name, group no. and name and address of carrier.

I have reviewed the following treatment plan and I authorize release of any information relating to this claim. I understand that I am responsible for all costs of dental treatment.

Signature (Patient or parent if minor) Date

I hereby assign my benefits payable from this claim to the named Dentist and authorize payment directly to him/her.

Signature (Insured Person) Date

Dentist Information

Dentist's Name, Address, Phone No.							
First visit date for current series	Place of Treatment	Office	Hosp	ECF	Other	Radiographs or model enclosed? ☐ NO ☐ YES	How many?
Is treatment result of occupational illness or injury? ☐ NO ☐ YES	If yes, enter brief description and dates						
Is treatment result of an auto accident or other accident? ☐ NO ☐ YES	If yes, enter brief description and dates						
If prosthesis, is this an initial placement? ☐ NO ☐ YES	If no, reason for replacement and date of prior placement						
Is treatment for orthodontics? ☐ NO ☐ YES	Enter date of initial placement and months of treatment remaining						

Date	Tooth No.	Surface	Description Of Service Including X-Rays, Prophylaxis, materials used etc. Line No.	Procedure No.	Fee	For admin use
				Total Fee Submitted		

I hereby certify that the procedures as indicated by date have been completed and that the fees submitted are the actual fees I have charged and intend to collect for those procedures.

Signed (Dentist) Date

Reimbursement

How do you wish reimbursement to be made? Cheque ☐ Direct Deposit ☐ Wire Transfer ☐

If Direct Deposit:
Name of Bank _____ Bank Number _____
Branch Address _____ Transit Number _____
Name of Account Holder _____ Account Number _____

If Wire Transfer:
Name of Bank _____ Bank I.D. (Swift Code) _____
Branch Address _____
Account Number _____ Currency of Account _____
Name of Claimant _____ Account Number (IBAN) _____
Residence Address of Account Holder _____

Privacy Notice

Sutton Special Risk is committed to protecting the privacy and confidentiality of the personal information we collect. The information collected on this claim form is required to determine eligibility for coverage or to determine eligibility for benefits under this coverage.
This information, and information in existing files, may be used by Sutton Special Risk Inc., its agents, affiliates, partners, reinsurers, authorized administrators for these purposes, and certain underwriters at Lloyd's, London, regardless if coverage ceases to be in force. Your information will only be shared as necessary. Some of these entities may be located outside of Canada, therefore your information may be processed in a foreign jurisdiction, unless we are otherwise prohibited, where it will be subject to the laws of that jurisdiction.
If you have any questions or if you would like to see what personal information we have on file you may contact us at privacy@suttonspecialrisk.com or Privacy Office, Sutton Special Risk Inc., 33 Yonge Street, Suite 270, Toronto, Ontario M5E 1G4. A copy of Sutton Special Risk's privacy policy is available on our website or by request.

Signature and Authorization

Please complete this form in its entirety, answering all sections. Please review the authorization below and sign and date.

I AUTHORIZE any physician, medical practitioner, hospital, clinic, other medical or medically related facility, insurance or reinsuring company, the Medical Information Bureau, consumer reporting agency, or employer having information available as to diagnosis, treatment and prognosis with respect to any physical condition and/or treatment of me, my spouse or my eligible children to give Sutton Special Risk, or its legal representative any and all such information pursuant to this claim. I UNDERSTAND the information obtained by use of this Authorization will be used by Sutton Special Risk to determine eligibility for coverage or eligibility for benefits under existing coverage. Any information obtained will not be released by Sutton Special Risk to any person or organization except to the Insurer, or other persons or organizations performing business or legal services in connection with my claim, or as may be otherwise lawfully required, or as I may further authorize. I KNOW that I may request to receive a copy of this Authorization. I AGREE that a photographic copy of this Authorization shall be as valid as the original. I AGREE this Authorization shall be valid for two years from the date shown below.

Signature (Patient/Parent if minor) Date (month/day/year)

GLOBAL ASSISTANCE SERVICES

SUTTON SPECIAL RISK

Plan Members have access to the following assistance services when traveling:

Medical Assistance:

- Medical Evacuation / Repatriation
- Return of Remains
- Pre-trip planning
- Medical Monitoring
- Medical, Dental and Pharmacy Referrals
- Payment Guarantees
- 24 Hour Nurse Help Line
- Return of Dependent Children
- Visit by Family Member
- Prescription Replacement Assistance

Security Assistance:

- Security Advice and Recommendations

Travel Assistance:

- Emergency Travel Arrangements
- Translation / Interpretation
- Emergency Travel Funds Assistance
- Lost Luggage Assistance
- Legal Consultation and Referral
- Lost/Stolen Travel Documents

On Call is not a first responder, in a true medical emergency, contact local emergency response and On Call as soon as possible thereafter. On Call must make all arrangements for assistance services; evacuation and related expenses are not reimbursable.

MEMBER RESOURCES

PLAN INFORMATION PORTAL

mysearchlightportal.com

Group ID: 100017COCI16

- Links to traveler resources
- Access Destination Intelligence before a trip that includes up to date health and safety information
- More information about how to use Global Assistance Services

24/7 GLOBAL RESPONSE CENTER

Toll Free (North America):	**855-464-8968**
Collect from anywhere:	**+1 603-328-1355**
Email:	**mail@oncallinternational.com**
Text:	**603-945-0103**

On Call International
11 Manor Parkway
Salem, NH 03079, USA

A member of the **Tokio Marine HCC** group of companies

DESTINATION INTELLIGENCE

Destination Intelligence allows you to research incidents, countries and areas/major cities globally. Quickly identify high risk countries and access overview data including security, political instability/civil unrest, crime, transportation, environmental, and medical information.

ACCESSING DESTINATION INTELLIGENCE

- Visit your Plan Information Portal at mysearchlightportal.com and enter your organization's Searchlight Group ID
- Under "Destination Intelligence" on the left side of the page, click "**Click Here**"
- Access page: enter membership code and captcha code

COUNTRY/AREA RISK & INCIDENT THREAT LEVEL DEFINITIONS

The numeric indicator relates to a risk level assigned to a specific country/area or incident. Ultimately, decisions regarding whether, where and when to travel or operate can only be made by our policyholders.

LEVEL	COUNTRY/AREA RISK	INCIDENT THREAT
5	Do not travel unless robust protective security measures are in place to meet specific threats and to minimize vulnerability and risk to the traveler.	Severe threat of danger/disruption.
4	Essential travel only; assess, evaluate and take appropriate action to ensure the safety and security of the traveler.	Significant threat of danger or disruption taking place or highly likely.
3	Exercise a high degree of caution; ensure the traveler has been briefed in regard to the destination and their personal safety and security.	Localized threat of danger or disruption taking place or highly likely.
2	Travelers should be made aware of the current situation and exercise a degree of caution and self-awareness.	Minor threat of danger or disruption.
1	Travelers should be aware and briefed on their own personal security.	Information only – no action needed.

RISK MAP DASHBOARD

The risk map dashboard is an interactive map that displays:

- Incidents (threat levels 1-5)
- Countries with risk levels 4 & 5 (overlayed orange/red risk colors)
- Global Disaster Alerting Coordination System Alerts (GDACS)

All incidents and GDACS weather alerts will display additional information when clicked on. Under the map is the **timeframe slider** tool, a gray bar with the current date highlighted. This can be adjusted to view information up to 30 days in the past and 30 days in the future.

RESEARCHING COUNTRY AND AREA/CITY INFORMATION

To research risk information about any country or major city around the world:

- Click **Country Information** on the left hand menu of the dashboard
- Select your country and area of interest or leave the area as **All Areas** for country level only and click **view**
- On the resulting page, the overview for the country or area/city is automatically loaded. To view additional **data sources**, click on the corresponding category in the data sources window
    - Foreign Travel Advice
    - Travel Warnings
    - Future Dates of Interest
    - Transportation
    - Cultural Information
    - Health & Safety
    - Embassies