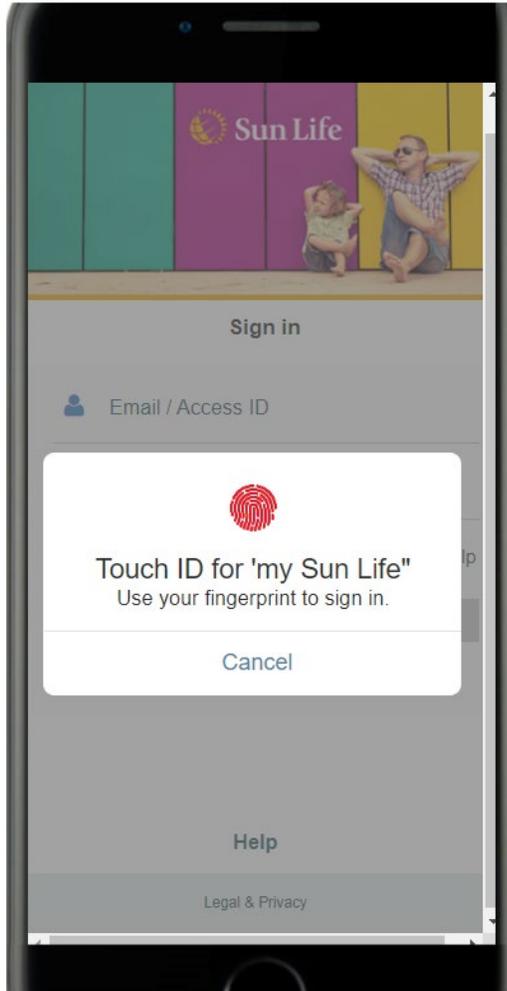


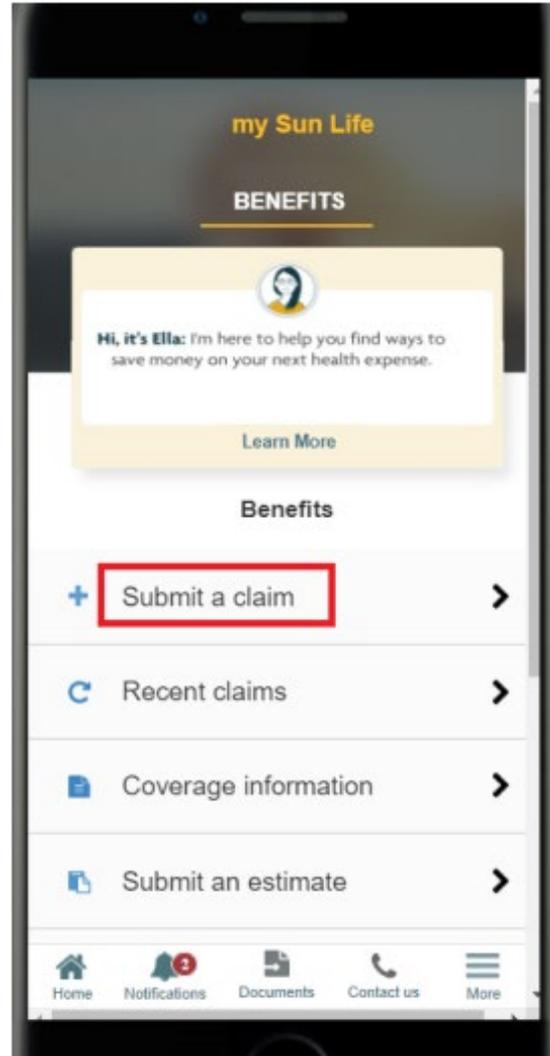
How to Submit H.S.A Claims on Sun Life's Mobile App

Below our screenshots that help illustrate how to sign in and submit a claim for an H.S.A. expense.

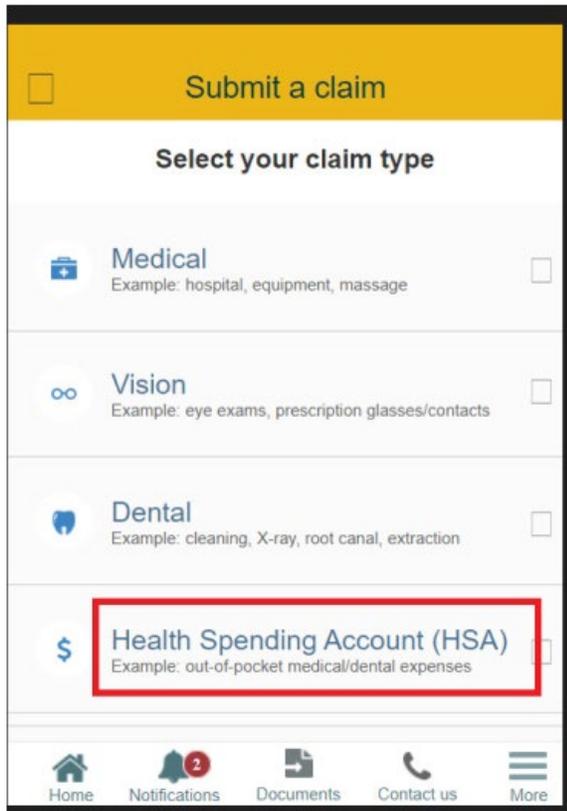
1. These are screenshots on the mobile app, starting with the unique feature – Touch ID, which can be used if set up in the settings of a member's phone.



2. On the Benefits screen, a member will need to select "Submit a Claim" to begin the process for an H.S.A claims submission.

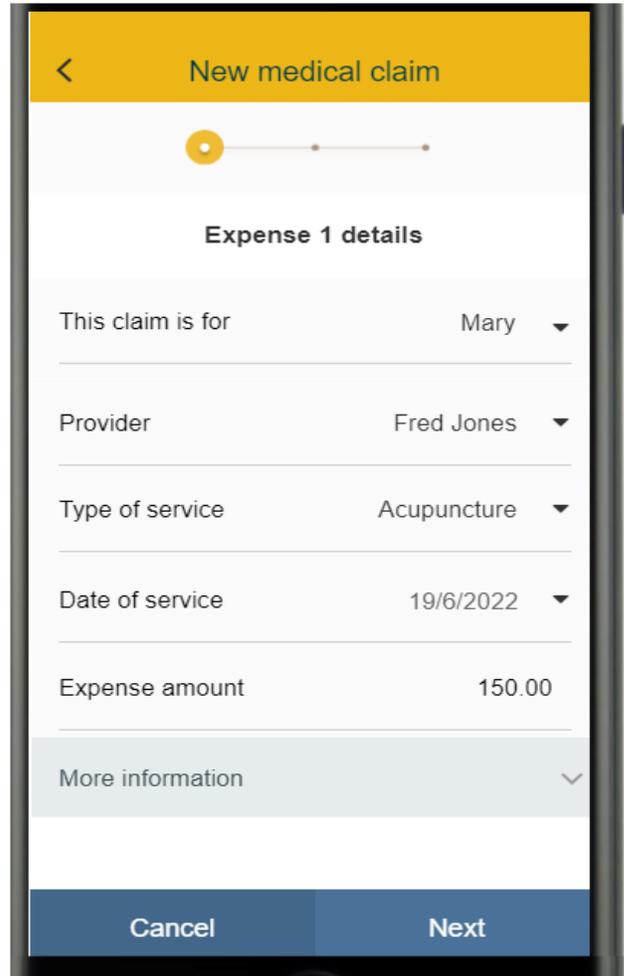


3. Under Select your claim type – select “Health Spending Account”



4. The member will be required to enter :

- a. Who the claim is for
- b. Provider, type of service
Example here: Acupuncture
- c. Date of service, and expense amount



5. The member will have the opportunity to review the medical claim, and if Direct Deposit details are set up, arrange for direct deposit to their bank account.

The screenshot shows a mobile application interface for reviewing a medical claim. At the top, there is a yellow header with a back arrow and the text "Review medical claim". Below the header is a progress indicator with two yellow circles on a horizontal line. The main content area displays "CLAIM TOTAL" in blue text, followed by "\$150.00" in large black text. Below this, there is a section titled "DEPOSIT PAYMENT INTO" with a dropdown menu currently showing "My regular account". Underneath is a section for "Expense 1" with an "Edit" button. The expense details are as follows:

THIS CLAIM IS FOR	PROVIDER
Mary	Fred Jones
DATE OF SERVICE	
19/6/2022	
AMOUNT OF EXPENSE	TYPE OF SERVICE
\$150.00	Acupuncture

At the bottom of the screen, there is a dark grey bar with a downward arrow and the text "Scroll down for additional information". Below this are two blue buttons: "Cancel" and "Next".

6. It will be necessary for the members to agree to the Terms and Conditions, as shown here:

The screenshot shows a mobile application interface for the "Terms & conditions" page. At the top, there is the Sun Life Financial logo, which consists of the text "Sun Life Financial" next to a yellow sun icon. Below the logo is the section header "Terms & conditions" in bold black text. The main content area contains several paragraphs of text:

Fraudulent claims are very costly for all participants in benefit plans. As administrator of this plan and for audit and investigative purposes, Sun Life may check the accuracy of the information given in support of your claim, and if we ask, you agree to send us the original receipts and any other supporting documents within the time frame requested. Please keep your original receipts and any other supporting documents for a period of 12 months.

Sun Life reserves the right to remove the online Submit a Claim feature and require that claims be submitted by paper claim form with original receipts and any other supporting documents.

For receipts that are photographed and submitted online in support of your claim, Sun Life will process your claim on the basis of the content of such receipts.

Certification and authorization I certify that all goods and services being claimed have been received by me/my spouse/my dependents. If this claim is being made on behalf of my spouse and/or dependents, I am authorized to disclose information about them, and confirm they have authorized Sun Life to disclose information about their claims to me, for the purposes of assessing and paying a benefit, if any, and managing my group benefits plan. I certify that the information in this form is true and complete and does not contain a claim for any expenses previously paid for by this or any other plan.

I authorize Sun Life, its agents and service providers, and its reinsurers to collect, use and disclose information needed for underwriting, administration and adjudicating claims under this Plan to any person or organization who has relevant information pertaining to this claim including health professionals, institutions, investigative agencies, and insurers. I understand that information pertaining to this claim may be reviewed in the event that this Plan is audited.

7. The member will then be able to see that their claim has been submitted. It is recommended that receipts be kept for 12 months, in case of audit.

