

ASEBP/Sun Life Benefit Coverage

Life Insurance, Accidental Death & Dismemberment, Extended Disability Benefits, Extended Health Care, Dental Care and Vision Care are covered by ASEBP. Your Health Spending Account is through Sun Life.

All claims for Extended Health Care, Dental Care and Vision Care should first be submitted to ASEBP. Should your spouse have benefit coverage, then submit claims to that insurance company. If there is still any unpaid balance which qualifies under the Health Spending Account then submit those through Sun Life. If you have dependent children submit their claims to the spouse's insurance company whose month of birth falls first in the calendar year.

Upon receipt of your ASEBP Identification Card you can register online at www.asebp.ab.ca. On the right hand side by the log in button click on Need an account? Register Now!

To register for an online account, you must provide information that identifies you as an active ASEBP member. Some of this information will need to come from your ASEBP Identification card (see example below).

- ASEBP ID number
- Date of Birth
- Section Code – can be found in the lower right-hand area of your identification card.
- Number of Dependents – provide the number of dependents that are listed on your identification card and remember not to include any dependents that are not listed on the card.

The diagram shows an ASEBP Identification Card with the following fields and labels:

- Current coverage:** Points to the CLASS BENEFITS table.
- Covered member's ID number and name:** Points to the ID NO. 1234567 and COVERED MEMBER Joe Sample, City School Board.
- Issue date:** Points to Issued 2011/05/18.
- Dependent ID number and name:** Points to the ID NO. list (2468101, 3579112, 1628752, 5843592, 1598734) and the DEPENDENTS list (Jane Sample, Joan Sample, Jess Sample, Joe Jr Sample, James Sample).
- Section code:** Points to SECTION 123.

CLASS	BENEFITS
Single	Life - Plan #
Single	AD & D - Plan #
Single	Extended Disability Benefits - Plan #
Family	Extended Health Care - Plan #
Family	Dental Care - Plan #
Family	Vision Care - Plan #
	Health Spending Account

ID NO.	COVERED MEMBER
1234567	Joe Sample City School Board

ID NO.	DEPENDENTS
2468101	Jane Sample
3579112	Joan Sample
1628752	Jess Sample
5843592	Joe Jr Sample
1598734	James Sample

Issued 2011/05/18

For coverage information, visit www.asebp.ab.ca

GROUP 19930 SECTION 123

Sun Life – Health Spending Account

Full-time employees will receive \$350 per school year payable in monthly contributions of \$29.17 per month on the 1st day of each month. Part-time employees will be pro-rated on your fulltime equivalency. On August 1, 2015 you will have received the full amount for the 2014/15 school year.

To access your health spending account online you can sign up by going to <https://www.mysunlife.ca>. You will see *Don't have an access ID? register now* prompt on the right side of website. Click on this box and follow the prompts. You will need the following numbers plus some personal information.

- ID #
- Contract #55391

Print the access ID number they provide you with and keep it in a safe place to refer to each time you need to login to submit a claim or check on your account balance.

Sun Life will then mail you a password by regular Canada Post mail. Once you receive your password by mail then you can go back online and submit a claim and see what your balance is at all times as well as submit a claim online.