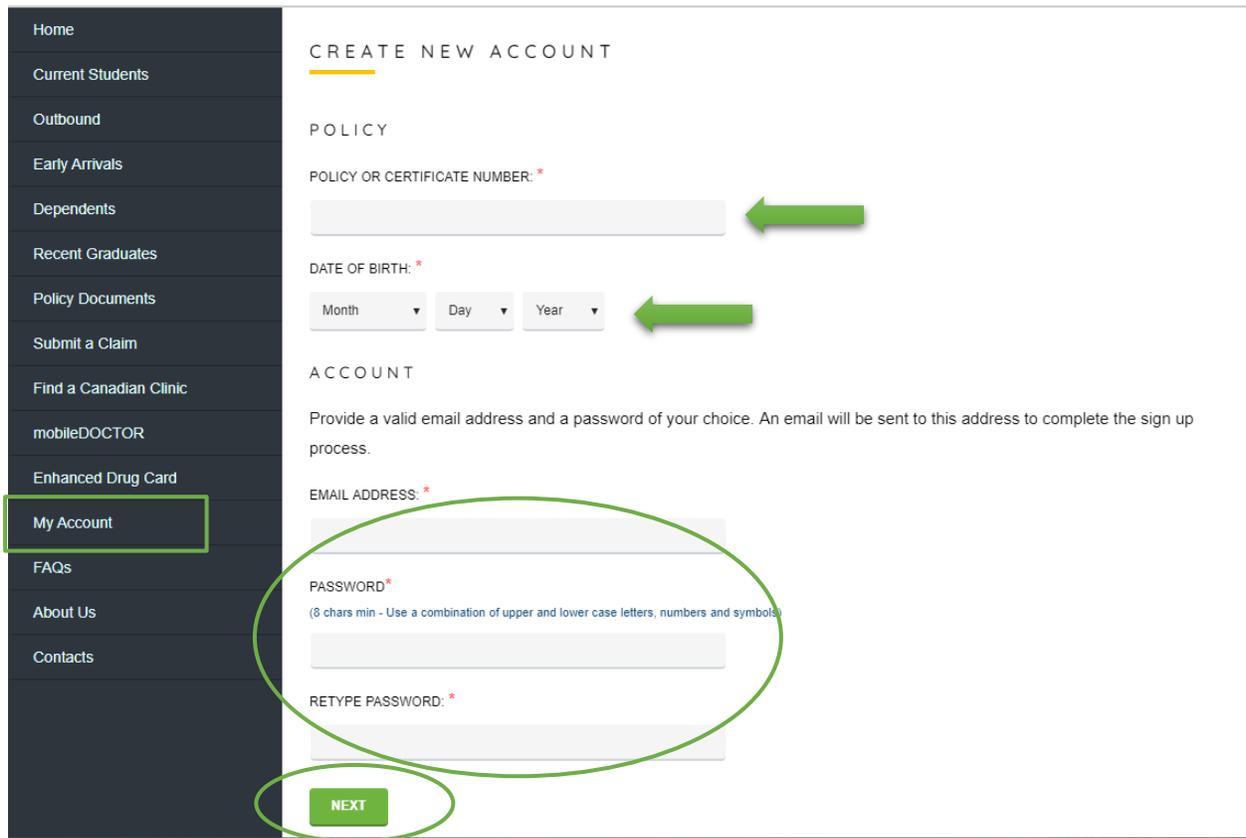


HOW TO CREATE "My Account" with GUARD.ME

1. Go to www.guard.me/slc and click on "My Account" from the left side menu.
2. Enter your policy number (this number is on your guard.me ID card) and date of birth.
3. From the email you received from guard. me, take the email address and temporary password to login to "My Account."
4. Click Next and follow the prompts as you required.

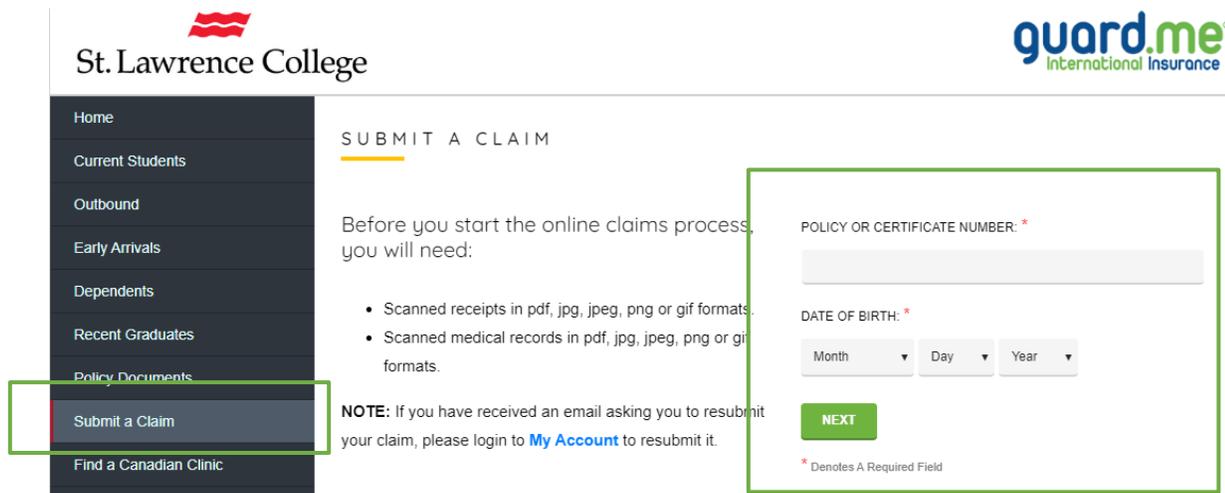


The screenshot shows the 'CREATE NEW ACCOUNT' page on the GUARD.ME website. On the left is a dark sidebar menu with the following items: Home, Current Students, Outbound, Early Arrivals, Dependents, Recent Graduates, Policy Documents, Submit a Claim, Find a Canadian Clinic, mobileDOCTOR, Enhanced Drug Card, My Account (highlighted with a green box), FAQs, About Us, and Contacts. The main content area is titled 'CREATE NEW ACCOUNT' and has a yellow underline. Below this is the 'POLICY' section with a red asterisk next to the label 'POLICY OR CERTIFICATE NUMBER: *'. There is a text input field for this number, with a green arrow pointing to it from the right. Below that is the 'DATE OF BIRTH: *' section, which consists of three dropdown menus for 'Month', 'Day', and 'Year', with a green arrow pointing to the 'Year' dropdown from the right. The 'ACCOUNT' section follows, with the instruction: 'Provide a valid email address and a password of your choice. An email will be sent to this address to complete the sign up process.' Below this are three input fields: 'EMAIL ADDRESS: *', 'PASSWORD *' (with a note '(8 chars min - Use a combination of upper and lower case letters, numbers and symbols)'), and 'RETYPE PASSWORD: *'. A green oval highlights the 'PASSWORD' and 'RETYPE PASSWORD' fields. At the bottom of the form is a green 'NEXT' button, also highlighted with a green oval.

HOW TO SUBMIT A CLAIM TO GUARD.ME

ONLINE

1. Make sure to have all your receipts scanned or take a picture of each page with your phone.
2. Go to www.guard.me/slc and click [Submit a Claim](#) from the left side menu.
3. Enter your policy number (this number is on your guard.me ID card) and date of birth to authenticate the session and click Next.



St. Lawrence College

guard.me[®]
International Insurance

Home
Current Students
Outbound
Early Arrivals
Dependents
Recent Graduates
Policy Documents
Submit a Claim
Find a Canadian Clinic

SUBMIT A CLAIM

Before you start the online claims process, you will need:

- Scanned receipts in pdf, jpg, jpeg, png or gif formats.
- Scanned medical records in pdf, jpg, jpeg, png or gif formats.

NOTE: If you have received an email asking you to resubmit your claim, please login to [My Account](#) to resubmit it.

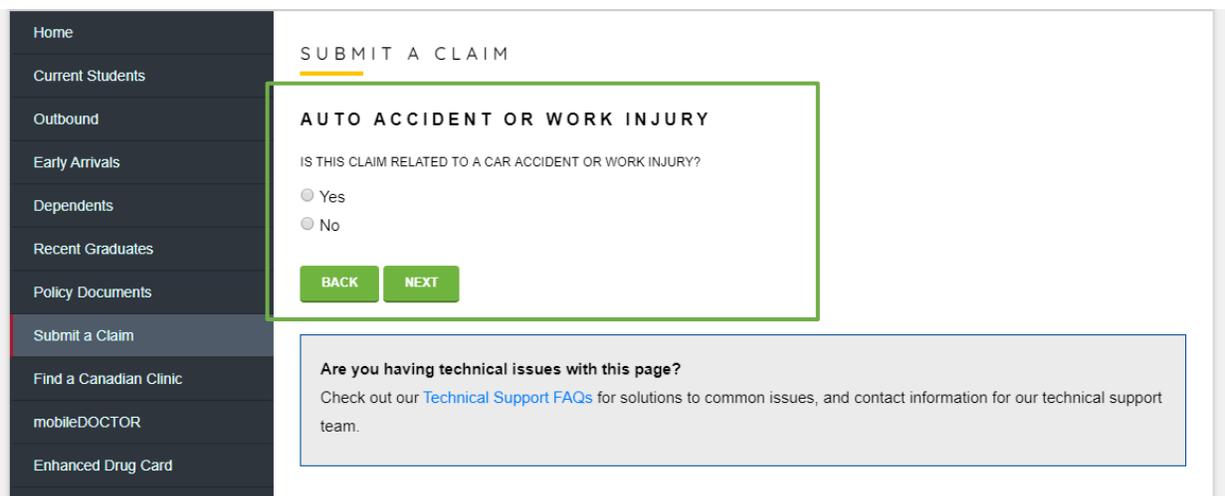
POLICY OR CERTIFICATE NUMBER: *

DATE OF BIRTH: *

Month ▼ Day ▼ Year ▼

NEXT

* Denotes A Required Field



Home
Current Students
Outbound
Early Arrivals
Dependents
Recent Graduates
Policy Documents
Submit a Claim
Find a Canadian Clinic
mobileDOCTOR
Enhanced Drug Card

SUBMIT A CLAIM

AUTO ACCIDENT OR WORK INJURY

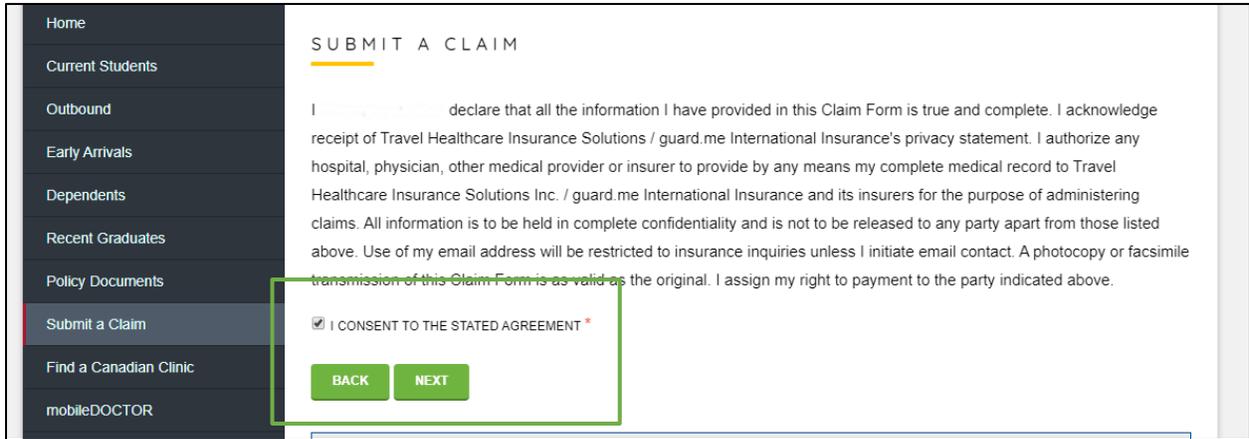
IS THIS CLAIM RELATED TO A CAR ACCIDENT OR WORK INJURY?

Yes
 No

BACK **NEXT**

Are you having technical issues with this page?
Check out our [Technical Support FAQs](#) for solutions to common issues, and contact information for our technical support team.

4. You will need to provide a signed consent form for us to process your claim, so be sure to check mark "I consent to the stated agreement."



The screenshot shows a web interface for submitting a claim. On the left is a dark sidebar with navigation links: Home, Current Students, Outbound, Early Arrivals, Dependents, Recent Graduates, Policy Documents, Submit a Claim (highlighted), Find a Canadian Clinic, and mobileDOCTOR. The main content area is titled "SUBMIT A CLAIM" and contains a paragraph of text: "I declare that all the information I have provided in this Claim Form is true and complete. I acknowledge receipt of Travel Healthcare Insurance Solutions / guard.me International Insurance's privacy statement. I authorize any hospital, physician, other medical provider or insurer to provide by any means my complete medical record to Travel Healthcare Insurance Solutions Inc. / guard.me International Insurance and its insurers for the purpose of administering claims. All information is to be held in complete confidentiality and is not to be released to any party apart from those listed above. Use of my email address will be restricted to insurance inquiries unless I initiate email contact. A photocopy or facsimile transmission of this Claim Form is as valid as the original. I assign my right to payment to the party indicated above." Below the text is a checkbox labeled "I CONSENT TO THE STATED AGREEMENT" which is checked. At the bottom of the form are two green buttons: "BACK" and "NEXT".

5. Follow the prompts answering each question required.
6. Finally, submit your claim. You can check the status of your claim by accessing "My Account."