

How to Register and Submit a Claim Step by Step

<https://manulife.acmtravel.ca/accounts/login>

Step 1.
Create and Register an account

ACM Manulife

LOGIN REGISTER FR

Create Account

Please create a user account to notify us of your claim. You are required to enter information in all fields.

Once you have provided all the required information, click on the Create Account button to create the account. An email will be sent to the email address specified with instructions on how to activate the account.

Email

Password

Password confirmation

Create Account

Need Help?

1. Enter your email address (this will be your username).
2. Create a password for your account. Passwords must:
 - o Contain at least one number
 - o Contain at least one lowercase letter
 - o Contain at least one uppercase letter
 - o Be 8 to 16 characters long
3. Retype your Password

Step 2.
Login

Note:
An activation link is sent to your email after registration

ACM Manulife

LOGIN REGISTER FR

Login

Please login to notify us of your claim

Email address

Password

Forgot your password?
Please click here to reset it.

New User?
Please click here to create an account

Resend Activation Email?
Please click here to resend it.

Once you have activated your account please login

Step 3.
Create a New Claim

ACM Manulife

MY ACCOUNT LOGOUT FR

NEW CLAIM

YOUR ACCOUNT

- Change Password
- View Active Policy Number(s)

SUBMIT DOCUMENTS

INCOMPLETE CLAIMS

COMPLETED CLAIMS

SUBMITTED DOCUMENTS

Create a new claim by clicking [here](#).

Use this option if you have not submitted any documentation to begin your claim. This easy step by step process helps gather all pertinent information for faster claims processing.

Submit additional documents for an existing claim by clicking [here](#).

Use this option if you have already submitted documentation for your claim and would like to submit additional information for consideration.

If you would like to resume a previous online claim submission, please select from the Incomplete Claim Submissions list.

- No Incomplete claims were found!

If you would like to review a previous online claim submission, please select from the Completed Claim Submissions list.

- No Completed claims were found!

If you would like to review a previous document submission, please select from the Submitted Documents list.

Step 4.
Add your
Manulife Policy
Number



ACTIVE INSURANCE POLICIES

Select the policy number you would like to submit a claim against. If the required policy does not appear, please select "Add a New Policy Number" to submit your claim.

+ Add a New policy Number

Step 5.
Enter the Policy
Number in
which you are
claiming
against



Add a New Policy Number

Please enter the following details to add a policy number to your online account.

First Name
As stated on your policy documents

Last Name
As stated on your policy documents

Policy Number
Please reference your insurance documents and / or your wallet card to identify your policy number.

In addition, be sure to reference the correct policy number specific to your claim. Is your request specific to a standard policy or top up (each will have a separate policy number)?

Add Policy Number

Step 5a.
click proceed
anyway –
if you have
entered your
policy number



Missed Connection!

Please **proceed anyway** if you have entered your policy number correctly, or reconfirm your policy number and **try again**.

Step 6.
Select your
claim type



Start Claim Claimant Information Claims Information Submission

Claim Type Documentation

We're sorry you've experienced an unfortunate event during your travels. It's our goal to make the claims process quick and simple. We will review your claim and resolve this matter as soon as possible.

CLAIM TYPE

Type of Policy Non-Medical

Type of Non-Medical Claim
Select...
Select...
Trip Cancellation
Trip Interruption/Delayed Return
Baggage

2 Steps:
1. Select type of claim
Eg. If this is not a medical claim please select Non-Medical
2. Select type of Non-Medical Claim
Eg. Prior to your departure select Trip Cancellation

By clicking on Next it is understood that you have read and agreed to our Privacy Policy & Terms and Conditions.

Step 6a.
Select why you
cancelled your
trip



Start Claim Claimant Information Claims Information Submission

Claim Type Documentation

DOCUMENTATION INFORMATION

Why did you cancel your trip?
Select...
Select...
Due to Medical Reasons
Due to a Death
Other

Step 7.

Complete Claimant information and Select Contact Preference

ACM Manulife MY ACCOUNT LOGOUT FR

Start Claim Claimant Information Claims Information Submission

CLAIMANT INFORMATION

First Name []

Last Name []

Policy Number []

Case Number (optional) []

Date of Birth [January] [dd] [yyyy]

ADDRESS INFORMATION CORRESPONDENCE AND CLAIM PAYMENTS

Please provide the address you prefer we use for any written correspondence including (but not limited to) any potential payments.

Country [Select...]

Street Number []

Street Name []

Unit Number (optional) []

City []

Province [Select...]

Postal Code []

Email Address []

Phone Number []

Secondary Number (optional) []

Contact Preference [Select...]

Save and add another Claimant to this submission

Back Next

Step 8.

Complete Certification & Authorization Payment

ACM Manulife MY ACCOUNT LOGOUT FR

Start Claim Claimant Information Claims Information Submission

CLAIMANT CERTIFICATION & AUTHORIZATION

Certification and Authorization Trip Cancellation

- This Authorization will permit Manulife and/or ACM to use the disclosed information for the purpose of determining my eligibility for coverage under my travel insurance policy and discuss any aspect of the adjudication of my claim with Manulife and its affiliates.
- I hereby authorize any doctor, hospital or facility providing medical or health related services (any of which is a "Provider"), and any other insurer to release and exchange with Manulife and/or ACM or its representative, any information that is required to process this claim.
- I agree to Manulife any benefits payable from any other sources for losses covered under this policy, and I authorize and direct such payors to forward payment directly to Manulife and/or ACM.
- Attention to Travel Service Providers:** I hereby authorize and direct that you release to Manulife or its representative any and all information you have regarding my travel or use of your travel services for the purpose of determining my eligibility for coverage under my travel insurance policy.

I certify that the statements and particulars given herein together with those on any accompanying documents or telephone interviews relating to my claim are complete, true and correct to the best of my knowledge.

NOTICE: The provincial legislation in some provinces requires us to inform you that the time limit for taking legal action is set out in the Insurance Act or other legislation that applies to your claim.

Your travel insurance policy is underwritten by The Manufacturers Life Insurance Company ("Manulife"), Manulife has appointed Active Claims Management, Inc., operating as Active Care Management ("Agent" or "ACM"), as the provider of all assistance and claims services under the policy.

Manulife and ACM are committed to protecting the privacy, confidentiality and security of the personal information we collect, use and disclose. Your personal information will be used only for the purpose of providing you with the requested insurance services. For a copy of the privacy policies, please visit www.manulife.ca and www.active-care.ca.

I agree to the Certification and Authorization [Yes]

Please confirm where ACM may direct payment of benefits under this claim. [Test Test]

PAYMENT INFORMATION

What is your preferred method of payment? [Select...]

Electronic Funds Transfer

Cheque

Back Next

Step 9.

Enter Claims Information

ACM Manulife MY ACCOUNT LOGOUT FR

Start Claim Claimant Information Claims Information Submission

CLAIM INFORMATION

Reason for Claim [Other]

Please Explain []

Travel Destination (City, Country) []

Trip Purchase Date [January] [dd] [yyyy]

Policy Purchase Date [January] [dd] [yyyy]

Original Departure Date [January] [dd] [yyyy]

Original Return Date [January] [dd] [yyyy]

Date of Incident [January] [dd] [yyyy]

Date of Cancellation [January] [dd] [yyyy]

TRAVEL AGENCY INFORMATION

Is the trip booked through a Travel Agency/Agent? [Select...]

Yes

No

Back Next

Step 9 a.
Enter Claims
Information
continued

ACM Manulife MY ACCOUNT LOGOUT FR

Start Claim Claimant Information Claims Information Submission

Claim Info Other Coverage Expenses

OTHER TRAVEL INSURANCE COVERAGE

Do you and/or your spouse have any other insurance coverage?

Select...
Select...
Yes
No

Back Next

Step 9 b.
Enter Claim
Expense

ACM Manulife MY ACCOUNT LOGOUT FR

Start Claim Claimant Information Claims Information Submission

Claim Info Other Coverage Expenses

CLAIM EXPENSES

List all of your insured pre-paid, non-refundable travel arrangements.
The next page in the claims submission process will ask you to attach all documentation related to your claim including receipts.

No expenses to report?
Click the NEXT button below to proceed to the next step in the claim submission process.
Are you unsure if an expense is covered by your travel policy?
Report the expense in question (include details) and we can determine eligibility.

Description of Expense	Date the Expense Was Incurred	Total Claimed Amount	Currency	Receipt Available
<input type="text"/>	January dd, yyyy	<input type="text"/>	CAD Can	<input type="checkbox"/>

Add Comments (optional)

+ Add another expense

EXPENSE COMMENTS

Additional Comments (optional)

Back Next

Step 10.
Submission

ACM Manulife MY ACCOUNT LOGOUT FR

Start Claim Claimant Information Claims Information Submission

Attach Confirmation Thank You

Please attach your documentation
No documents to submit?
Click the NEXT button below to proceed to the next step in the claim submission process.
Are you unsure if a document needs to be submitted?
Submit the document in question (include details) and we can determine eligibility.
If documents are required but not submitted we will contact you accordingly.
NOTE: Failure to submit the required documents will delay the claim process and any potential payments.
Maximum file size is 10 MB.

ATTACH SUPPORTING DOCUMENTATION

Supporting Documentation Browse

ATTACH RECEIPTS

Receipts Browse

Back Next

Step 10 a.

Claim Submission completed

Online Claim Submission

Immediate Email Confirmation

Note: You will receive further communication once your case is assigned to a claim examiner.

[EXTERNAL] Online Claim Submission - Confirmation



Active Care Management <noreply@acmtravel.ca>

Reply Reply All Forward Mon 3/16/2020 8:15 AM

Click here to download pictures. To help protect your privacy, Outlook prevented automatic download of some pictures in this message.

Hello Test Test,

Thank you for submitting your claim.

We are currently experiencing higher than normal claim volumes. As a result, claim processing times maybe effected. An ACM representative will contact you should we require any additional information to process your claim. Your understanding and patience are greatly appreciated.

You can view your claim details by following this link: https://manulife.acmtravel.ca/travel/completedclaims/61985/

Regards,

Active Care Management

Completed Claims can be viewed



ONLINE CLAIM FORM
Trip Cancellation
Policy #: ML0260337
Case #:
Other

SECTION A - CLAIMANT INFORMATION	
Claimant Name	Date of Birth
Test Test	January 1,1999
Address	
1000 King St Hamilton ON L8L 1E1	
Primary Phone	Secondary Phone
289 442 0409	n/a
Email	
Travel Destination	Relationship
Florida	Other
Reason for Claim	
Explain Reason	