

# Register Now!

HELLO MEMBER,

PLEASE DO REGISTER YOUR CLAIMSECURE CARD ONLINE SO  
YOU CAN SUBMIT YOUR CLAIMS ONLINE, LOOK AT YOUR  
CLAIMS HISTORY, SET UP YOUR DIRECT DEPOSIT (THEY WILL  
ASK FOR THIS INFORMATION DURING YOUR ONLINE  
REGISTRATION PROCESS) AND ETC.

PLEASE SEE ENCLOSED DOCUMENT THAT CAN HELP WITH  
REGISTERING YOUR NEW CLAIMSECURE CARD ONLINE.  
CLAIMSECURE IS ALSO ABLE TO ANSWER OTHER QUESTIONS  
YOU MAY HAVE 1-888-513-4464 (THIS NUMBER IS ALSO  
FOUND AT THE BACK OF YOUR CLAIMSECURE CARD).

**[HTTPS://EPROFILE.CLAIMSECURE.COM/LOGIN](https://eprofile.claimsecure.com/login)**

THANK YOU,

HEALTH BENEFITS

SEVENTH-DAY ADVENTIST CHURCH IN CANADA  
1148 KING STREET EAST, OSHAWA, ON L1H 1H8  
[HTTP://WWW.ADVENTIST.CA/HBA](http://www.adventist.ca/hba)

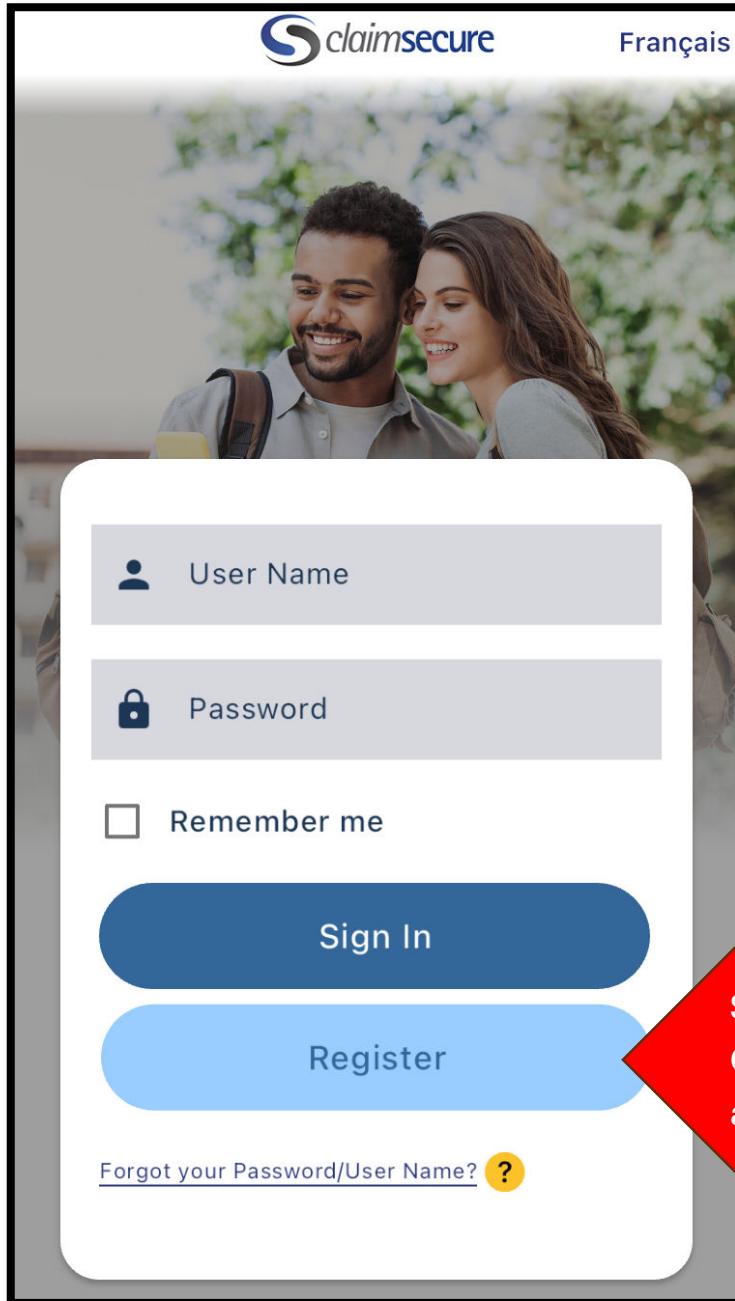
## ClaimSecure eProfile Registration – Using the App on Your SmartPhone

### Step 1:

On your phone, go to your app store

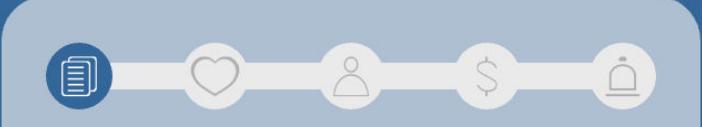


and download the ClaimSecure app



Step 2:  
Open the ClaimSecure app  
and select Register

>Welcome to our online Registration service.



## Terms and Conditions

By reading this agreement, and clicking the I AGREE button below, you have read, understood, and agree to the following:

**USE OF SITE**  
=====

You agree that your use of this web site shall be on an "as is" basis. You agree that your use of this web site is entirely at your risk. Neither your Online Provider, nor any of its affiliated or related companies, agents or subcontractors, officers, directors, or employees, nor any other person associated with the creation or maintenance of this web site or its

I Agree

**Next**



**Step 3:**

- Accept Terms and Conditions
- ✓ Check "I Agree" box
- Tap "Next"

>Welcome to our online Registration service.



## Wellness Profile

Please take a minute to complete your personal Wellness Profile. The Wellness Profile is your opportunity to identify and receive educational material, coupons and other information related to specific health topics. All correspondence will be customized for you and will be sent to the eProfile™ Account email address on file. You may update your selections at any time through the eProfile menu options.

I authorize my company's health claims management firm, healthcare professionals and other service providers to exchange information collected in administering my health benefit plan, for the purpose of

I do not wish to participate at this time.

**Previous** **Next**



**Step 4:**

- For faster registration, skip Wellness Profile
- ✓ Check “I do not wish to participate at this time” box
- ✓ You may set up your Wellness Profile later
- Tap “Next”

× Welcome to our online Registration service.



### User Profile

General Info      Security Question

User Name

Group ID

Certificate ID

Last Name

First Name

Date of Birth

Email Address

Previous      Next

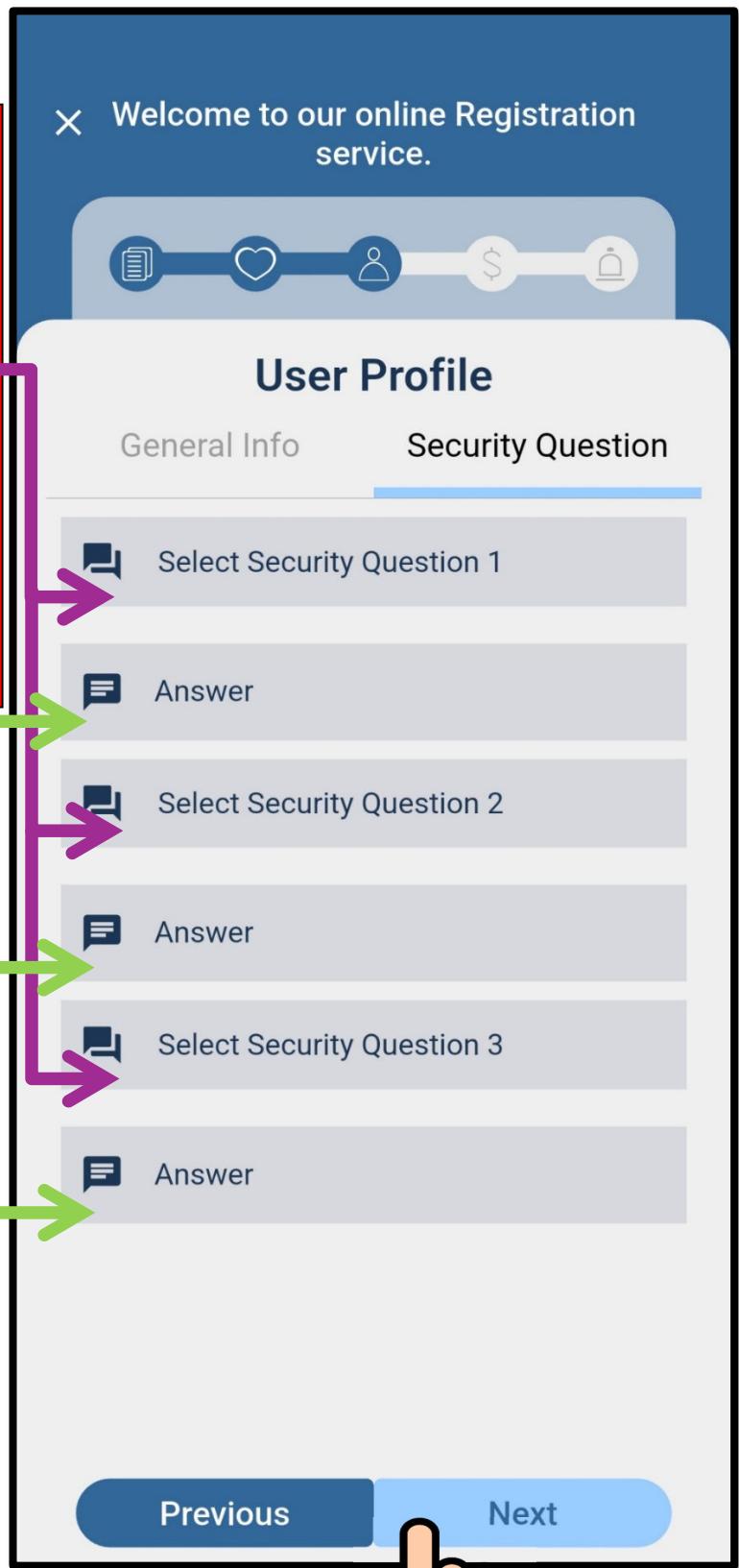
#### Step 5:

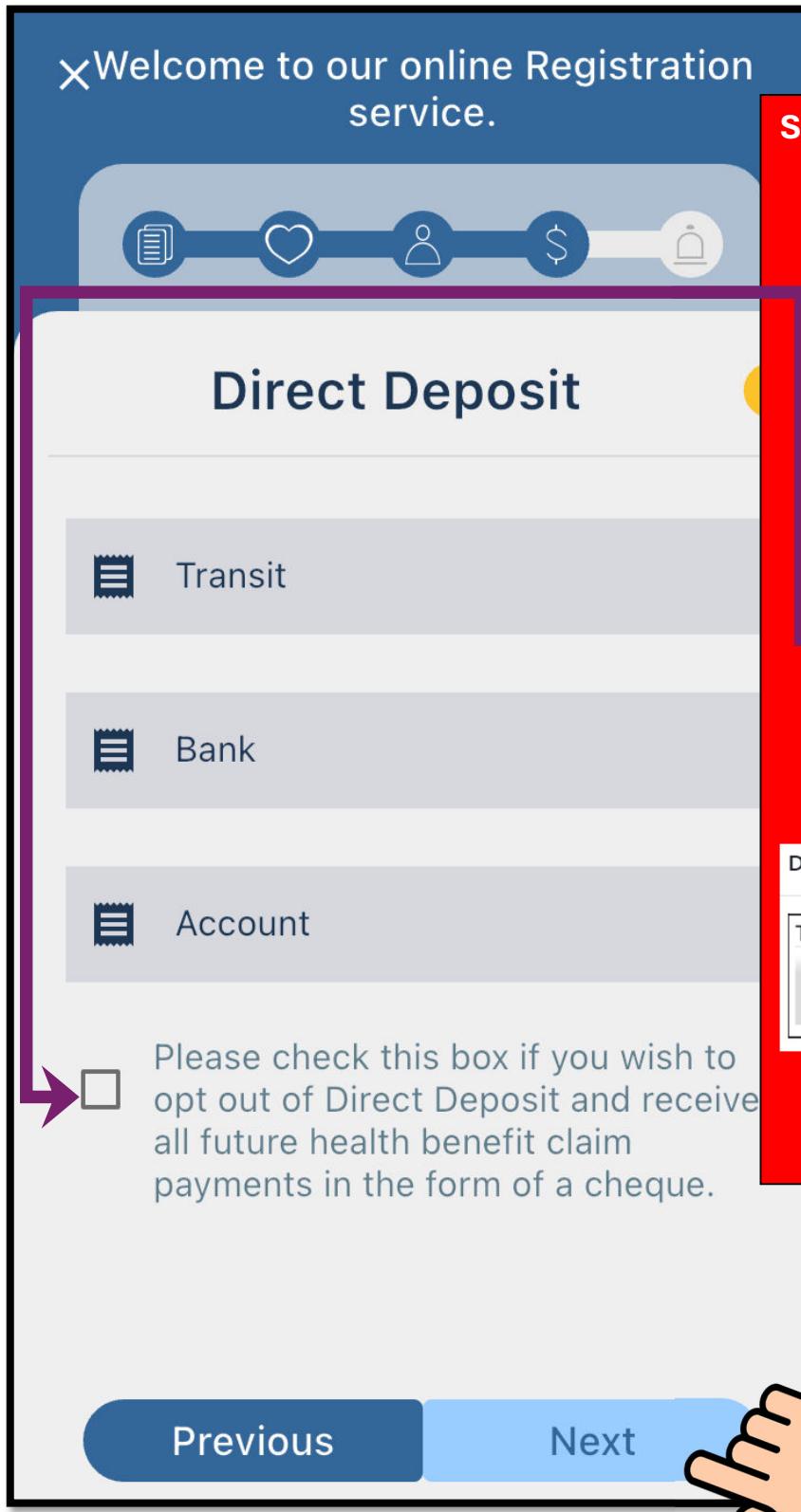
- Complete User General Info
- ✓ Select a User Name that is unique but easy to remember
- ✓ Enter the Group ID (5 digits) on your new ClaimSecure card
- ✓ Enter the Certificate ID (10 digits) on your new ClaimSecure card
- ✓ Enter your Last Name
- ✓ Enter your First Name
- ✓ Enter your Date of Birth
- ✓ Enter your Email Address
- Tap “Next”



### Step 6:

- **Set up 3 Security Questions**
  - ✓ Tap on the Security Question box and select the question of your choice from the drop-down menu
  - ✓ Type in your answer for each question
- Tap “Next”





### Step 7:

- Set up Direct Deposit
  - ✓ You must provide your banking information to complete the registration
  - ✓ If you want to receive your reimbursements by direct deposit, **DO NOT CHECK** the Opt Out box
    - If you check this box, you will receive your reimbursements by cheque.

#### Direct Deposit Information

Transit	Bank	Account
1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8 9

- Tap “Next”

Welcome to our online Registration service.



### Alerts

Contact Information      Optional Alerts

 +1      Mobile Number

 Email Address

Language of Correspondence

English       French

I authorize ClaimSecure to send m...

**Previous**      **Submit**



#### Step 8:

- Provide your contact information
- ✓ Enter your mobile number
- ✓ Enter your email address
- ✓ Select your preferred Language of Correspondence (English or French)
- ✓ Check “I authorize ClaimSecure to send me communication...” box.

I authorize ClaimSecure to send me communication through email or SMS if I selected the option to receive them. I understand that there can be charges related to these communications based on my cell phone plan. To stop receiving these messages I know to come to this web screen to do so. By checking the box next to this message and clicking "update alerts" I confirm that I have read , and agree to theses conditions.

- ✓ You may change this setting later.
- Tap “Submit”

Welcome to our online Registration service.



Alerts

Contact Information      Optional Alerts

The Optional Alerts feature is currently not available. You may select your preferred options now so that when it does become available, you can start receiving your alerts right away.

	SMS	Email
A claim has been processed	<input type="checkbox"/>	<input type="checkbox"/>
A dental or health estimate has been processed	<input type="checkbox"/>	<input type="checkbox"/>
A suspicious claim alert has occurred	<input type="checkbox"/>	<input type="checkbox"/>

I authorize ClaimSecure to send me communication through email or SMS if I selected the option to receive them. I understand that there can be charges related to these communications based on my cell phone plan. To stop receiving these messages I know to come to this web screen to do so. By checking the box next to this message and clicking "update alerts" I confirm that I have read , and agree to theses conditions.

**Previous**      **Submit**

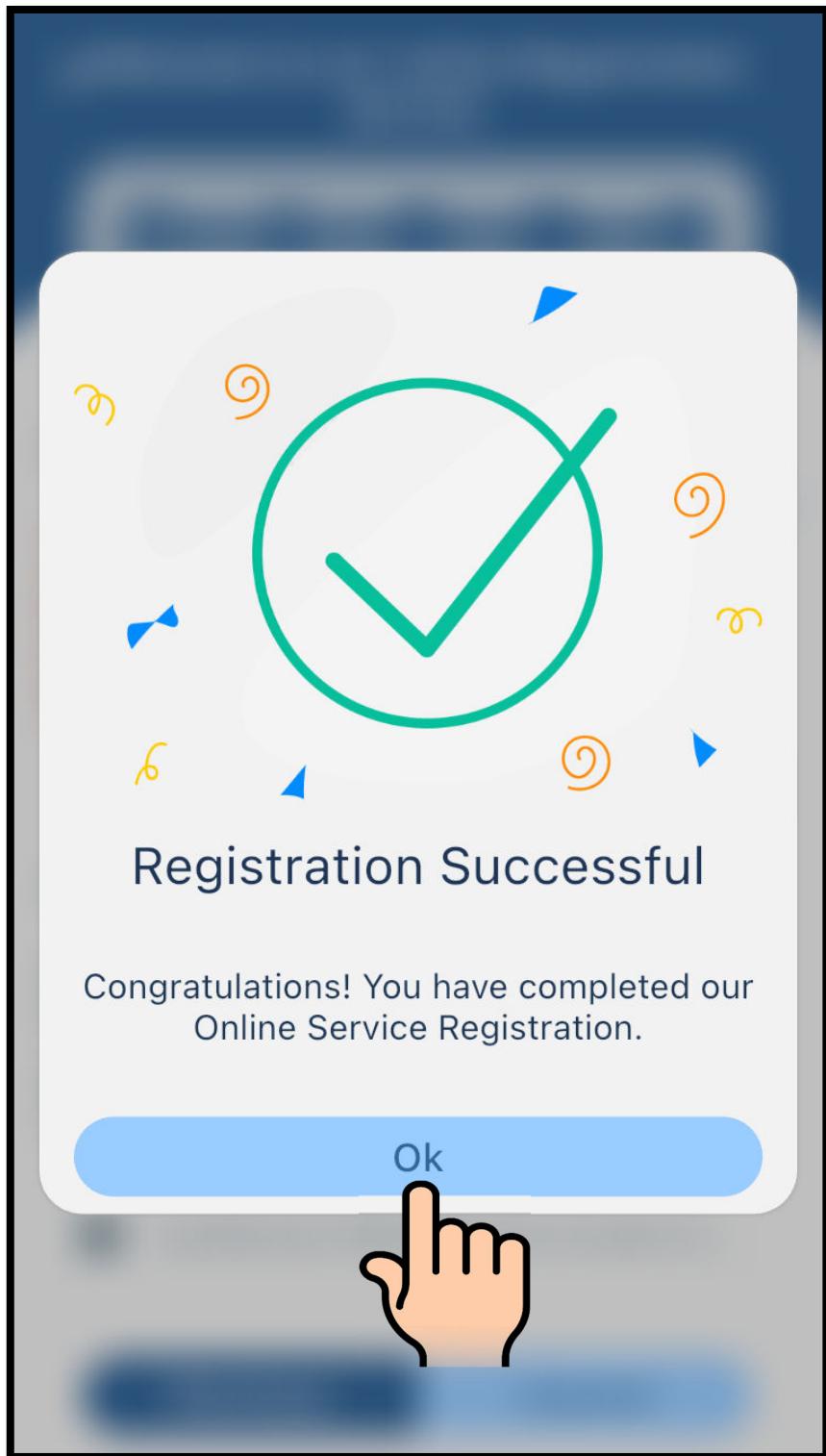
### Step 9:

- Set up Optional Alerts
  - ✓ Select how you would like to receive your alerts – by SMS or Email
  - ✓ Check “I authorize ClaimSecure to send me communication...” box.

I authorize ClaimSecure to send me communication through email or SMS if I selected the option to receive them. I understand that there can be charges related to these communications based on my cell phone plan. To stop receiving these messages I know to come to this web screen to do so. By checking the box next to this message and clicking "update alerts" I confirm that I have read , and agree to theses conditions.

- ✓ You may change this setting later.

- Click “Submit”



**Step 10:**  
• Tap “Ok”

# ClaimSecure eProfile Registration – Using the App on Your SmartPhone

## Step 11:

- Check your email account (the one you used for registration) and find the email from **eProfile System**  
✓ THIS EMAIL CONTAINS YOUR USERNAME AND TEMPORARY PASSWORD
- If you did not opt out of direct deposit, you should have also received an email from **Claimsecure eProfile**

 Claimsecure eProfile	Direct Deposit Notice \ Avis de dépôt direct Congratulations! You have successfully	2025-02-03
 eProfile System	eProfile account information Welcome to eProfile. Your account information for logging...	2025-02-03

 eProfile account information

 eProfile System <eProfile@claimsecure.com>      Mon 2025-02-03 9:53 AM

To: You

Welcome to eProfile.

Your account information, for logging into the eProfile System, is as follows:

**user name:**   
**password:** 

Click here to go to your [eProfile login](#) or for a better mobile experience download the eProfile app from [Apple App store](#) or [Google Play store](#).

It is necessary to activate your account within 15 days from this date as your login information (User ID and assigned Password) will expire and you will be required to re-register with a different User ID. A new password will also be assigned when you re-register.

ATTENTION: Do not reply to this email.

Any reply made to this message will not be reviewed or responded to.

Thank you.

This is an outgoing mailbox only, if you require further assistance please contact the phone number on the back of your personalized benefit ID card.  
Thank you.

Cette boîte n'est utilisée que pour du courrier sortant. Si vous avez besoin d'aide, composez le numéro de téléphone au dos de votre carte d'identification personnalisée pour les indemnités.  
Merci.

This is an outgoing mailbox only, if you require further assistance please contact the phone number on the back of your personalized benefit ID card.  
Thank you.

Cette boîte n'est utilisée que pour du courrier sortant. Si vous avez besoin d'aide, composez le numéro de téléphone au dos de votre carte d'identification personnalisée pour les indemnités.  
Merci.

### Step 12:

- Sign into your ClaimSecure eProfile using your User Name and temporary password.
- **OPTIONAL – TOUCH ID**
  - ✓ For faster access to eProfile on your phone, turn on Touch ID.
  - ✓ Or you can turn it on later.



Next time, log in with just a touch

Use your Touch ID for faster, easier access to your eProfile account.

You can always enable it later in My Account -> Security -> Biometric

Turn On Touch ID

Not now

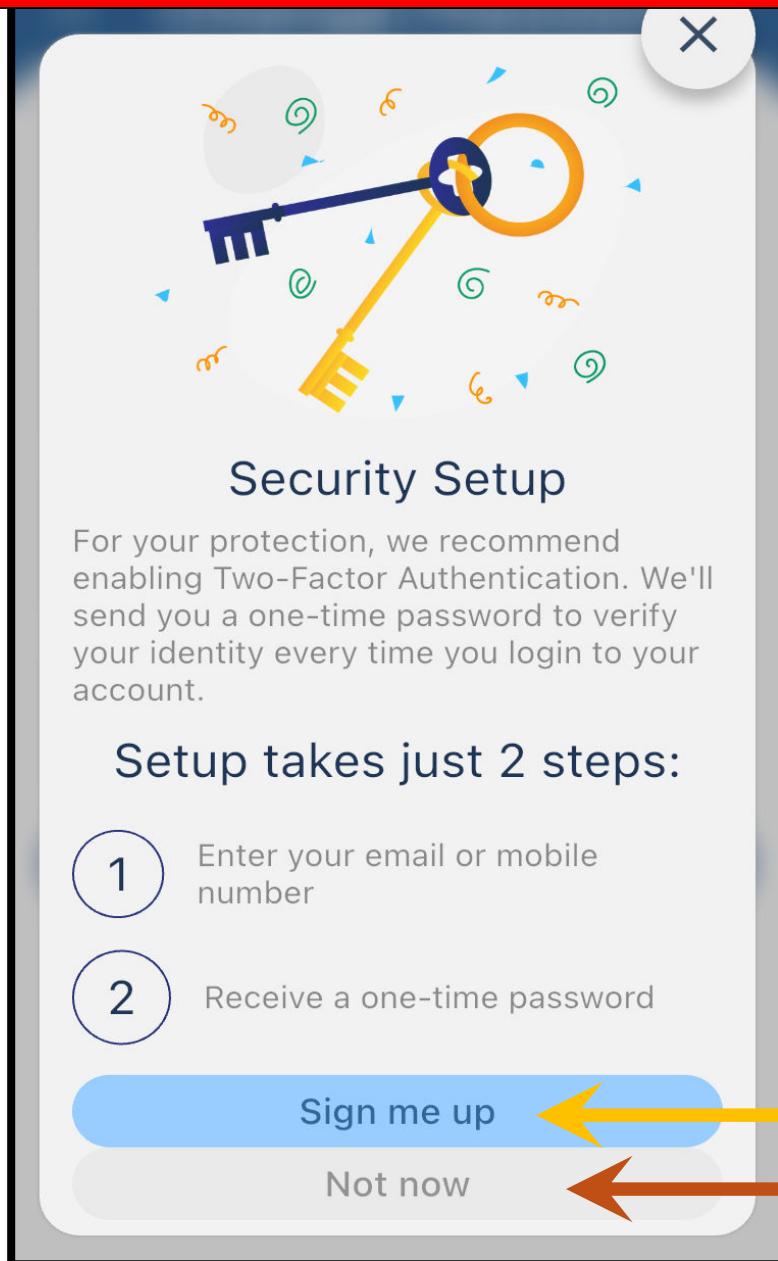
### Step 13:

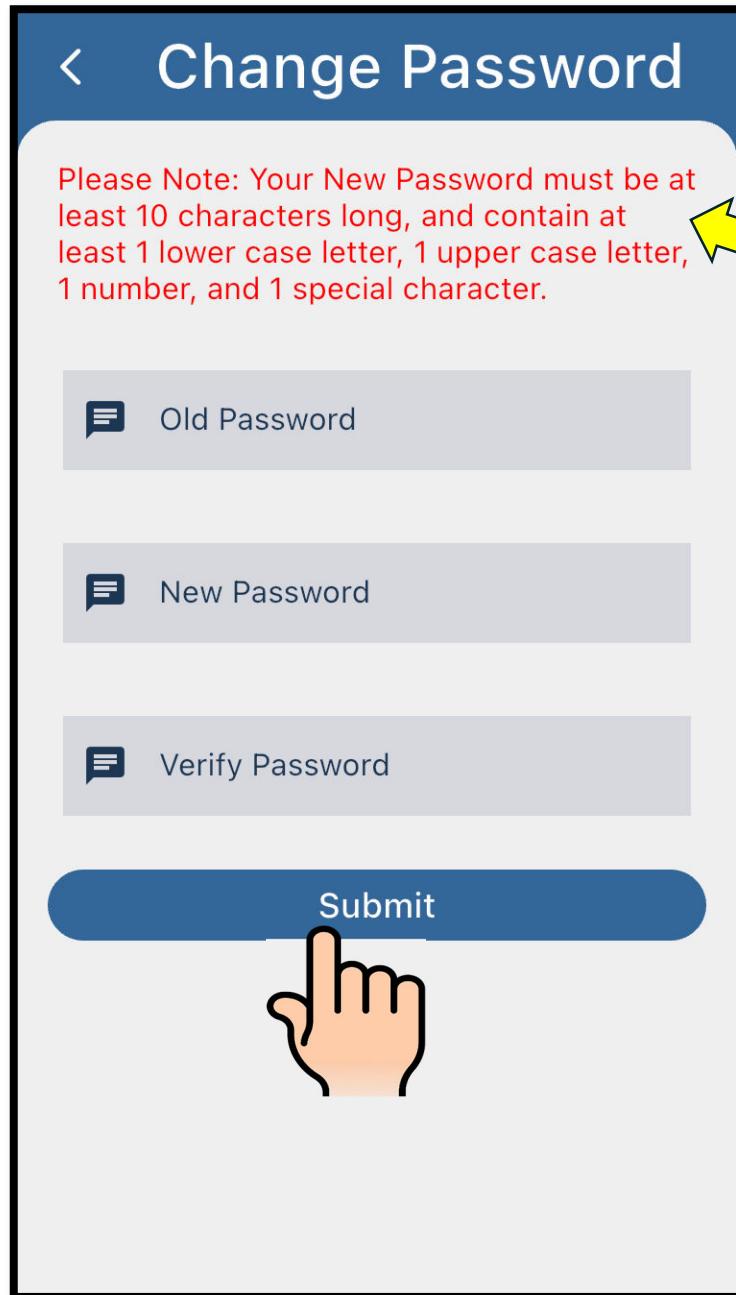
- **OPTIONAL – TWO-FACTOR AUTHENTICATION**

✓ *For enhanced security, sign up for two-factor authentication*

1. Tap on “Sign Me Up”
2. Select how to receive your verification code – “SMS” or “Email”
3. Tap “Get New Code”
4. Check your text messages/email for the verification code
5. Enter the code then tap “Verify Code”

✓ *To opt out of two-factor authentication, tap “Not Now”*





**Step 14:**

- **Change Password**
  - ✓ Enter your old (temporary) password that was provided by eProfile (check your email).
  - ✓ Enter a new password of your choice. Please note the password requirements.
  - ✓ Re-enter your new password.
- Tap “Submit”

**Step 15: CONGRATULATIONS!**  
**YOU CAN START SUBMITTING CLAIMS**