



REGISTRATION





Where healthcare
management is easy.

Member eProfile™ Login

Plan Administrator eProfile™ Login

Provider eProfile™ Login

Reporting Login

Our Value to You

Please go to our website at www.claimsecure.com

Either click (or tap if using your smartphone) on eProfile™ Login, on the bar at the top or on the screen selections.



Sign In

 User Name

 Password

☐ Remember me

Sign In

Register

Forgot your Password/User Name? 

Let's register for a new account! Click on  to continue!

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

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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 contents, shall be liable or responsible to any person for any harm, loss or damage that may arise in any connection with their use of this web site, including without limitation any direct, indirect, special, third party, or consequential damages. We will not be responsible for any detrimental reliance that you may place upon this web site or its contents.

This web site does not, and is not intended to, provide you with any financial, insurance, legal, healthcare or medical advice. This web site shall not be used, or relied upon by you, as a substitute for your own independent research or for appropriate advice provided to you by a qualified third party professional advisors.

Not all of your Online Provider's products and services may be available in all geographic regions. Nothing on this web site constitutes an offer to buy or sell your Online Provider's products or services. All your Online Provider's products and services shall be subject to the terms and conditions of any applicable agreements.

USER AUTHENTICATION

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In order for your Online Provider to verify a user requesting access to our web site, the web site may prompt the user for certain access information. If the access information entered is confirmed, access will be given to the user without the actual identity of the user being confirmed. The user agrees that the use of this electronic authentication procedure is equivalent legally to the user's written signature.

☐ I have read, understand and agree to the terms and conditions outlined.

Next

In order to register for online access, you must have:

1. Active Benefit Card (or have your group and certificate number)
2. Valid Email Address

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 effectively implementing and maintaining a wellness initiative.

I understand that as part of this initiative I may receive communications regarding possible treatment alternatives or health related benefits and services that may be of interest to me. I understand that I may also be made aware of promotions, drug product specific programs, financial savings opportunities and health educational events in which I may want to voluntarily participate.

☐ I do not wish to participate at this time.

[Previous](#)

[Next](#)

You can set up your Wellness Profile:

- Wellness Profile allows you to select from 20 disease states to receive periodic informational emails on the subject(s) selected (click Next)
- You can select "I do not wish to participate at this time" and can always update this under your "Preference" tab once you are set up

Welcome to our online Registration service.



Wellness Profile

Drug Dental Health

- | | | |
|---|---|--|
| <input type="checkbox"/> ADHD | <input type="checkbox"/> Allergies | <input type="checkbox"/> Arthritis |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Blood Disorders | <input type="checkbox"/> Bone Health |
| <input type="checkbox"/> Cancer Support | <input type="checkbox"/> Contraceptives | <input type="checkbox"/> Crohn's Disease |
| <input type="checkbox"/> Depression/Mood Disorder | <input type="checkbox"/> Diabetes Care | <input type="checkbox"/> Heart Health |
| <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> High Cholesterol | <input type="checkbox"/> HIV/AIDS |
| <input type="checkbox"/> Men's Health | <input type="checkbox"/> Multiple Sclerosis | <input type="checkbox"/> Pain Management |
| <input type="checkbox"/> Skin Care | <input type="checkbox"/> Ulcers/Heart Burn | <input type="checkbox"/> Women's Health |
| <input type="checkbox"/> Select All | | |

Previous

Next

Complete your Wellness Profile!

Tell us what health topics you're interested in, and we will send you educational material, coupons, and other information related to these topics.

Don't worry, as mentioned earlier you can also opt out of this service.








Welcome to our online Registration service.



User Profile

General Info

Security Question

1.	→	 User Name
2.	→	 Last Name
3.	→	 First Name
4.	→	 Date of Birth
5.	→	 Group ID
6.	→	 Certificate ID
7.	→	 Email Address

Previous

Next

Tell us about yourself!

1. **User Name** (between 3-15 characters; must be unique; cannot be all numbers)
2. **Last Name** (as indicated on ClaimSecure card/report)
3. **First Name** (as indicated on ClaimSecure card/report)
4. **Date of Birth**
5. **Group ID** (on ClaimSecure card/report)
6. **Certificate ID** (on ClaimSecure card/report)
7. **Email address** (personal or work – your choice)

Welcome to our online Registration service.



User Profile

General Info Security Question

What is your favorite vacation destination?

Security answer 1: please specify.

Enter the last 4 digits of your driver's license #.

Security answer 2: please specify.

In what city does your nearest relative live?

Security answer 3: please specify.

Previous

Next

eProfile™ Registration: Enroll for
Online Services

Français

Privacy & Legal

eProfile™ Registration: Enroll for
Online Services

Français

Privacy & Legal

Answer three security questions to help us keep you safe and secure for resetting your password if you forget it!



Direct Deposit



Transit

Transit(5 digits)

Bank

Bank(min 3 digits, max 4 digits)

Account

Account(min 1 digit, max 12 digits)

☐ Please check this box if you wish to opt out of Direct Deposit and receive all future health benefit claim payments in the form of a cheque.

Previous

Next

Transit <input type="text" value="12345"/> (5 digits)	Bank <input type="text" value="004"/> Toronto-Dominion Bank (min 3 digits, max 4 digits)	Account <input type="text" value="1234567890"/> (min 1 digit, max 12 digits)
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Fill in:

1. Transit Number
2. Bank Code
3. Account Number

You do not have to provide this information in order to have a member eProfile, however, if you want to submit claims electronically using eProfile, then this information must be provided.

Congratulations! You have successfully registered for eProfile!

You will receive up to 2 emails. 1) with your temporary password and 2) if you've signed up for direct deposit.

It is necessary to **login/activate your account within 15 days** of creating your account as your login information (User Name and temporary password) will expire and you will be required to re-register with a different User Name.