

Recertifying your FLTCIP claim

Help us provide you with timely reimbursements by participating in the reassessment of your benefit eligibility.



What:

Recertification is a review of your benefit eligibility to verify your ongoing need for long term care. This process includes completion of a form or, in some cases, a clinical assessment.



When:

At least every 12 months, but sometimes more frequently depending on your specific condition(s). You will be notified in advance when we need to review your benefit eligibility.



Where:

If a clinical assessment is deemed necessary to verify ongoing benefit eligibility, it is conducted in your home or residence, including long term care facilities. In some cases, we can conduct assessments virtually.



Who:

A licensed health care professional contracted with the FLTCIP conducts the assessment.



Why:

We regularly monitor each claimant's eligibility status because conditions can change with time.



What you can do:

Inform us of any anticipated or actual change in your condition, care, or caregivers, and/or anticipated stay-at-home needs (such as home modification and durable medical equipment), as soon as you know about or need to make a change.



Thank you!