

Benefits Fraud Bright Paper launches during Fraud Prevention Month

March is Fraud Prevention Month and you, our plan sponsors, have been clear about the need for more information to help mitigate the risk of fraud on your plans. Sun Life is pleased to launch our first Bright Paper on fraud, *Group Benefits Fraud: A leading edge perspective*.

A realistic look at benefits fraud

In the world of group benefits fraud, the stakes are higher than ever due to the sophistication and scope of ever evolving fraud schemes. Losses due to private health care benefits fraud in Canada are estimated at more than 2.5 billion dollars a year¹ – a portion of which may well represent money you invested in your organization's total compensation to help retain and attract high quality employees.

Innovation in fraud detection technology combined with a skilled team of fraud investigators can make a real difference in helping reduce fraud risk. Add awareness of the active roles we all must play in fraud prevention, and it moves us in a positive direction for better cost containment and better plan protection – now and in the future. Read the Bright Paper to:

- see how an intelligence-led approach can help to identify criminal patterns and ties;
- learn about the value of a skilled fraud team and how they get results; and,
- discover how you and your plan members can play active roles in fraud protection.

Fraud Prevention Month

In addition to the launch of our Bright Paper, we have several fraud prevention communications for you and your plan members.

For plan sponsors:

- [Group Benefits Fraud: A leading edge perspective](#);
- full page ad in Benefits Canada, March 2016 issue; and,
- e-direct article via Benefits Canada in mid-March.

We have prepared a [plan member communication](#) that you can share with your plan members. It contains links to the Identity Theft awareness mini-videos on Sun Life's Facebook page, and to other fraud prevention tips and communications.

Questions?

Contact your Sun Life Financial group benefits representative.

1. Based on fraud estimates reported by the Canadian Life and Health Insurance Association (CLHIA), 2016 (<https://www.clhia.ca/antifraud>), 2016, and the Canadian Institute for Health Information (CIHI) forecasted 2015 spending of private health insurers in Canada (https://www.cihi.ca/sites/default/files/document/nhex_trends_narrative_report_2015_en.pdf)