

Group No.

GPM User ID

INSTRUCTIONS

The plan administrator must keep a copy of the completed form for their records and send the original to GPM.

1. PLEASE COMPLETE THIS FORM ONLINE OR WRITE IN BLOCK LETTERS, IN INK IF YOU ARE COMPLETING IT BY HAND.
2. FILL THE EMAIL FIELD IF YOU WISH TO HAVE YOUR CLAIMS DETAILS FORWARDED TO YOU ELECTRONICALLY.
3. SIGN AND DATE THE FORM.
4. ATTACH A "VOID" CHECK BELOW.

Participant information

Group Name

Participant's Family Name(s)

Participant's Given Name(s)

Middle Initial(s)

Please provide your email address if you wish to have the details of your claims reimbursement forwarded to you electronically.

Participant's Email Address

Financial Institution Information

Name of Financial Institution

Institution No.: (3 digits)

Transit No.: (5 digits)

Account No.: (7 to 12 digits)

DECLARATION AND AUTHORIZATION

I authorize:

- GPM to deposit reimbursement for claims directly to the above account;
- GPM, my financial Institution, my plan administrator, other insurance or reinsurance companies, administrators of government benefits or other benefits programs, other organizations, or service providers working with GPM to exchange personal information, when necessary to administer the plan.
- GPM to send me by email the details of my claims reimbursement directly deposited to my bank account.

I agree that a photocopy or electronic copy of this "Declaration and Authorization" section is as valid as the original.

I certify that the information given is true, correct and complete to the best of my knowledge.

PARTICIPANT'S SIGNATURE

Date (d/m/yyyy)

ATTACH VOID CHEQUE HERE

Nom / Name C.P. / P.O. Box 000 Ville / City, Canada HOH 0H0	N° de chèque Cheque No.
	00000000
Payez à l'ordre de Pay to the order of	\$ _____ _____ Dollars
	_____ Signature
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Transit No.	Institution No.
	Account No.

VOID