

## Direct Deposit of Health and Dental Benefit Payments

The Chambers of Commerce Group Insurance Plan® is pleased to offer insureds the opportunity to have their health and dental benefit payments paid directly into their bank accounts. Once you authorize this service, we'll deposit benefits directly into the account of your choice, then send you the Explanation of Benefits statement, describing how the amount was calculated.

To register, fill out the *Direct Deposit Authorization* below. Please complete the form and return it to us **with a cheque marked "VOID"** to provide us with the details of your financial institution and the account you wish to use. You can cancel this authorization at any time. If you change financial institutions or accounts, please remember you must re-register and provide a new sample cheque for us to re-direct future benefit payments. You may also register for direct deposit or change your banking information by logging into your account at my-benefits.ca

If you have questions, feel free to call our National Service Centre at 1-800-665-3365.

### DIRECT DEPOSIT AUTHORIZATION

#### INSURED'S INFORMATION

First and Last Name \_\_\_\_\_ Firm Number \_\_\_\_\_  
Full Mailing Address \_\_\_\_\_ Certificate Number \_\_\_\_\_  
\_\_\_\_\_  
Phone (\_\_\_\_\_) \_\_\_\_\_  
City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

#### REQUEST FOR DIRECT DEPOSIT OF EXTENDED HEALTH AND DENTAL CLAIMS

I hereby authorize the Chambers of Commerce Group Insurance Plan to deposit my benefit payments, through the DIRECT DEPOSIT system, into my account at the financial institution indicated below:

**PLEASE ATTACH A SAMPLE CHEQUE, MARKED "VOID"**  
  
(If you do not have cheques, please provide a statement or letter from your bank which shows the bank name, bank number, transit/branch number and account number.)

Any deposits entered into this account in accordance with this authorization will be identified as "**Chamber Group Insurance**" and I acknowledge that such deposits shall constitute an amount paid in accordance with this authorization.

This authorization will become effective as of \_\_\_\_\_.

Signature \_\_\_\_\_ Date \_\_\_\_\_

You can cancel this authorization at any time by writing to the Plan Administrator. Return the completed form to:

DIRECT DEPOSIT CLERK  
CHAMBERS OF COMMERCE GROUP INSURANCE PLAN, 1051 King Edward Street, Winnipeg, MB R3H 0R4  
Telephone (204)774-6677 or TOLL FREE 1-800-665-3365 | Facsimile (204)774-6698 or TOLL FREE 1-800-457-8410  
Email info@chambers.ca