Chambers Plan
Employee Benefits

JG103-CH

Chamber Monthly Membership Fee Authorization

Company Name _____ Firm Number _____

I authorize the Chambers of Commerce Group Insurance Plan administrator to collect monthly Chamber of Commerce/Board of Trade membership fees from this company, on the same billing as our group benefit plan premium.

Our Chamber membership fees, as set by the _____ Chamber/Board,
(Name of Chamber/Board)

will be $_____ per month including GST/HST. I understand that this amount is subject to change when the Chamber/Board sets a new fee schedule.

This payment authorization continues as long as our group coverage remains in effect with the Plan. In the event our company cancels our Chambers Plan coverage, this authorization ceases. At that time, the company must apply directly with their local Chamber or Board to maintain membership.

Signed at _____ this _____ day of _____ 20_____

Official _____ _____
(Signature) (Please print your Name and Title)

Witness _____ Advisor _____
(Number and Name)