

## Government Payment Authorization for Out-Of-Country Medical and Hospital Services (Residents of New Brunswick)

*Please complete this Payment Authorization and return this to Canada Life as soon as possible to ensure prompt assessment of your claim. Please provide all of the information requested, including your Canada Life plan number and I.D. Number.*

*This form will be returned if not completed in full. Completion of this form will allow Canada Life to coordinate benefits directly with your Provincial health plan.*

### To be Completed by RESIDENT/INSURED

"I hereby authorize and direct the New Brunswick Medicare Plan, of their agents, to forward payment to The Canada Life Assurance Company in respect of eligible medical and hospital services which were provided outside of Canada for which a claim has been submitted to New Brunswick Department of Health and Community Services by Canada Life"

"I further agree to endorse any cheques owing to Canada Life in reimbursement of these expenses."

DATED this \_\_\_\_\_ day of \_\_\_\_\_ Year \_\_\_\_\_

Patient's Provincial Medicare : \_\_\_\_\_

Signature of Resident/Patient: \_\_\_\_\_

Patient's Date of Birth: \_\_\_\_\_

\_\_\_\_\_  
Canada Life I.D./Cert. Number

\_\_\_\_\_  
Canada Life Plan Number/Employer