

## Government Payment Authorization And Assignment Form for Out-Of-Country Medical and Hospital Services (Residents of Nunavut)

*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, and the agreement for endorsement of health plan payments.*

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

### To be Completed by RESIDENT/INSURED

“I hereby authorize and direct payment to The Canada Life Assurance Company in respect of eligible medical and hospital services which were provided outside of Canada”

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

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

Patient's Territory Health Number (PHN) \_\_\_\_\_

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

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

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