



# INDIVIDUAL HEALTH DIRECT DEPOSIT AUTHORIZATION (please print)

Policy number: \_\_\_\_\_

Policyowner's name: \_\_\_\_\_  
Last First Middle

Name of Canadian financial institution (Bank, Trust Co., etc.): \_\_\_\_\_

Transit number: \_\_\_\_\_ Institution number: \_\_\_\_\_

Account number: \_\_\_\_\_  Savings account (consult your institution for the proper ID number)  
 Chequing account (attach sample cheque marked "void")

### Notice regarding personal information

At The Canada Life Assurance company, we recognize and respect the importance of privacy.

#### Your personal information:

When you apply for coverage, we establish a confidential file that contains your personal information like your name, contact information, and products and coverage you have with us. Depending on the products and services you apply for and are provided with, this may also include financial or health information. Your information is kept in the offices of Canada Life or the offices of an organization authorized by Canada Life. You may exercise certain rights of access and rectification with respect to the personal information in your file by sending a request in writing to Canada Life.

#### Who has access to your information:

We limit access to personal information in your file to Canada Life staff or persons authorized by Canada Life who require it to perform their duties and to persons to whom you have granted access. In order to assist in fulfilling the purposes identified below, we may use service providers located within or outside of Canada. Your personal information may also be subject to disclosure to public authorities or others authorized under applicable law within or outside Canada.

#### What your information is used for:

Personal information that we collect will be used for the purpose of determining your eligibility for products services or coverage for which you apply, providing, administering or servicing products or coverage you have with us, and for Canada Life's and its affiliates' internal data management and analytics purposes. This may include assessing claims, paying benefits and creating and maintaining records concerning our relationship. The consent given in this form will be valid until we receive written notice that you have withdrawn it, subject to legal and contractual restrictions. For example, if you withdraw your consent, we may not be able to continue to adjudicate or administer a claim for benefits.

#### If you want to know more:

For a copy of our Privacy Guidelines, or if you have questions about our personal information policies and practices. (including with respect to service providers), write to Canada Life's Chief Compliance Officer or refer to visit [www.canadalife.com](http://www.canadalife.com)

### Authorizations and Declarations

I/We authorize Canada Life to deposit all claim payments directly to the account indicated above, and to exchange my/our personal information with my financial institution when necessary for this purpose. I/We understand that this authorization will remain in effect until revoked by me/us in writing. A photocopy or electronic copy of this authorization is as valid as the original.

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

For Québec applicants:  I request that this form be in English.  
Je demande que ce formulaire me soit remis en anglais.

Signature of Policyowner(s): **X** \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Policyowner(s): **X** \_\_\_\_\_ Date: \_\_\_\_\_

**(We require your signature(s) in order to process your request for Direct Deposit.)**

# HOW DIRECT DEPOSIT WORKS

If you'd like to take advantage of Direct Deposit, sign up through GroupNet™ for Plan Members or complete this form and return it to the address on page 2. If you would like deposits made to your chequing account, please enclose a sample cheque marked "void" to ensure your cheques are deposited to the correct account.

## **Does Direct Deposit cost anything?**

No, this service is free.

## **Do I have to change banks or bank accounts?**

No. With Direct Deposit, Canada Life deposits your claim payment cheques directly into your account with any credit union, trust company or bank in Canada. All benefit payments covered under one policy number will be deposited into the same account.

## **Can I sign up for Direct Deposit online?**

Yes. It's quick, convenient and secure through Canada Life's GroupNet™ for Plan Members. Visit [www.canadalife.com](http://www.canadalife.com) to register.

## **How will I know when the deposit has been made to my account?**

If you sign up for Direct Deposit through GroupNet™ for Plan Members, you will have access to eDetails and will receive an e-mail notification when your claim has been paid. You will also have access to an online Explanation of Benefits statement. If you do not have access to GroupNet™, Canada Life will mail you an Explanation of Benefits statement indicating when your cheque was deposited.

## **What if I change my account in the future?**

You can notify Canada Life of your new account through GroupNet™ for Plan Members. If you do not have access to GroupNet™ notify Canada Life of your new account in writing. Include your name, policy number, new account number and the name and address of the financial institution. Enclose a sample cheque marked "void", and sent it to:

The Canada Life Assurance Company  
Group Electronic Enrolment  
PO Box 6000  
Winnipeg MB R3C 3A5