
4. Authorizations and declarations

This section must be signed and dated in INK by the plan member.

I have read and understand and agree with the contents of the section on this form entitled "Privacy".

I authorize:

- Canada Life, any healthcare provider, my plan administrator, other insurance or reinsurance companies, administrators of government benefits or other benefits programs, other organizations, or service providers working with Canada Life or the above to exchange personal information, when relevant and necessary to determine my eligibility for coverage and to administer the plan.

I agree that a photocopy or electronic copy of the Authorizations and Declarations section is as valid as the original.

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

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

Plan member signature: _____ **Date:** _____

Please return the completed form and supporting documents to:

The Canada Life Assurance Company

Attn: Portable Benefits

330 University Avenue Toronto ON, M5G 1R8

Email: portablebenefits@canadalife.com

OR

Fax: 416.552.3373

Email Communication – Important Note: The internet is not a secure medium. If you have concerns about using email, you are encouraged to contact us by other means.
