

## Attachment to Application For Group Coverage or Group Coverage Change Form

### 1. Plan Member Information

This section must be completed if you want to have your claims reimbursement deposited directly to your account.

**Please print clearly, in INK.**

**Complete this attachment if you want reimbursement for claims to be deposited directly to your account.**

Plan number: \_\_\_\_\_ Plan sponsor: \_\_\_\_\_

Plan member name: \_\_\_\_\_

Plan member ID: \_\_\_\_\_

Name of financial institution: \_\_\_\_\_

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

Account number: \_\_\_\_\_

### 2. Authorizations and Declarations

This section must be signed by the plan member.

#### Authorizations and Declarations

I authorize:

- The Great-West Life Assurance Company (Great-West) to deposit reimbursement for claims directly to the above account;
- Great-West, my plan administrator, other insurance companies, or benefit providers working with Great-West to exchange information, when necessary to administer the group benefits plan.

I agree that a photocopy or electronic copy of this 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 Québec applicants:** I request that this form be in English.

Je demande que ce formulaire me soit remis en anglais.

**Plan member signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### 3. Privacy

This section explains Great-West's commitment to privacy.

#### Protecting Your Personal Information

At **The Great-West Life Assurance Company (Great-West)**, we recognize and respect every individual's right to privacy. When you apply for coverage, we establish a confidential file that is kept in the offices of Great-West or the offices of an organization authorized by Great-West. We limit access to information in your file to Great-West staff or persons authorized by Great-West who require it to perform their duties, to persons to whom you have granted access, and to persons authorized by law. We use this information to administer the group benefits plan.