

IMPORTANT INFORMATION

- Attach your original receipts to this form and keep copies for your files. The original copies will not be returned. Your explanation of benefits and the copies of your receipts are sufficient for income tax and coordination of benefit purposes.
- Claims **MUST BE** submitted no later than one year after expenses are incurred.

E - DIRECT DEPOSIT SERVICE

With this service, your health claim payments are automatically deposited into your bank account. **To enroll in this service**, please attach a specimen cheque marked "VOID" to your claim.

For more details on this service or to make changes to it, please visit our web site at desjardinslifeinsurance.com/planmember.

F - ELECTRONIC NOTICE SERVICE Available only if you enroll in the direct deposit service (section E).

With this service, you receive an e-mail that gives you access to your explanation of benefits online once your claim has been processed. **To enroll in this service**, please provide your e-mail address:

G - INFORMATION ABOUT THE CLAIM

Is the claim the result of:

• a work injury? Yes No

• a motor vehicle accident? Yes No

• other? Yes No Specify: _____

If so, has a claim been submitted to a government agency such as the Commission de la santé et de la sécurité du travail (CSST) or Société de l'assurance automobile du Québec (SAAQ), etc.? Yes No

H - PERSONAL INFORMATION MANAGEMENT

Desjardins Financial Security Life Assurance Company (DFS) handles the personal information it has on you in a confidential manner. DFS keeps this information on file so that you may benefit from group insurance services offered by the Company. This information is consulted solely by DFS employees who need to do so in the course of their work. You have the right to consult your file. You may also have information corrected if you demonstrate that it is inaccurate, incomplete, ambiguous or not useful. To do so, you must send a written request to the following address: Privacy Officer, Desjardins Financial Security Life Assurance Company, 200, rue des Commandeurs, Lévis, Québec, G6V 6R2. DFS may use the client list to offer its clients an insurance product following the termination of their group insurance. If you do not wish to receive these offers, you may have your name removed from the list. To do so, you must send a written request to the Privacy Officer at DFS.

I - DECLARATION AND AUTHORIZATION FOR THE COLLECTION AND COMMUNICATION OF PERSONAL INFORMATION

All the information I have provided on the claim form is accurate and complete. I acknowledge having read the Personal Information Management section. I authorize Desjardins Financial Security Life Assurance Company, strictly for the purposes of managing my file and settling this claim to: (a) collect from any person or legal entity, or from any public or parapublic organization, only the information deemed necessary to manage my file. The non-exhaustive list of sources from which information may be collected includes health care professionals or facilities, insurance companies; (b) communicate to the said persons or organizations only the personal information about me that is deemed necessary for the purposes of my file; (c) when necessary use the personal information it may have about me in existing files that are now closed.

This authorization is also valid for the collection, use and communication of personal information concerning my dependents, insofar as applicable to the claim. A photocopy of this authorization is as valid as the original.

Signature of the member

Date

Telephone nos:

Home: () -

Office: () -

Extension:

Please send to: Desjardins Financial Security Life Assurance Company, C. P. 3950, Lévis (Québec) G6V 8C6

