

Direct Deposit Application – Health Care/Dental Payments

Electronic deposit of funds allows Co-operators Life Insurance Company to deposit your dental/extended health/vision/health spending benefits payments directly to your bank, trust company or credit union account.

This service is far more convenient for you because the money will automatically appear in your account each time a claim is submitted and a claim is paid. A corresponding explanation of benefit letter will be mailed to you explaining the distribution of the benefit payment.

You will not need to worry about mailing delays, lost or stolen cheques or even getting to the bank to make your deposit.

To have your claims benefits deposited electronically, simply complete the attached form and return it to us along with a personalized cheque marked "VOID".

If you change your bank account, we require at least three weeks notice to avoid any delay in your payment. Please detach at the line and return the portion below to:

CO-OPERATORS LIFE INSURANCE COMPANY
Extended Health/Dental Claims Dept.
1920 College Ave.
Regina, Saskatchewan
S4P 1C4
Fax form and void cheque to (306)761-7101

Co-operators Life Insurance Company Privacy Statement

Co-operators Life Insurance Company ("Co-operators") is committed to protecting the privacy, confidentiality, accuracy and security of the personal information that it collects, uses, retains and discloses in the course of conducting business.

Authorization

I hereby authorize Co-operators Life Insurance Company to deposit extended health/dental payments directly to my account and to exchange my relevant financial information with my financial institution for such purpose. This authorization shall remain valid until revoked by me in writing. Any copy of this authorization shall be as valid as the original.

| | | |
|---------------------------------------|----------|----------|
| Employee/Member's Name: | | Date: |
| Group Policy No: | Account: | PID No.: |
| Address: | | |
| Financial Institution: | | |
| Branch Address: | | |
| Account Number: | | |
| Employee/Member's Signature: X | | |

Please include a personal cheque marked "VOID".

If no cheque is included, please have the following completed by the financial institution.

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|-------------------------------|---------------------------|
| VERIFICATION BY BRANCH | |
| Bank Number (3 digits): | Branch Number (5 digits): |
| Account Number: | |
| Signature of Branch Office: | Date: |
| Title: | Telephone Number: |