



Chambers of Commerce  
Group Insurance Plan®

**DIRECT DEPOSIT OF HEALTH AND DENTAL BENEFIT PAYMENTS**

The Chambers of Commerce Group Insurance Plan® is pleased to offer insureds the opportunity to have their health and dental benefit payments paid directly into their bank accounts. Once you authorize this service, we'll deposit benefits directly into the account of your choice, then mail you the Explanation of Benefits statement, describing how the amount was calculated.

To register, fill out the *Direct Deposit Authorization* below. Please complete the form and return it to us with a cheque marked "VOID" to provide us with the details of your financial institution and the account you wish to use. You can cancel this authorization at any time. If you change financial institutions or accounts, please remember you must re-register and provide a new sample cheque for us to re-direct future benefit payments.

If you have questions, feel free to call our National Service Centre at 1-800-665-3365.

**D I R E C T D E P O S I T A U T H O R I Z A T I O N**

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**INSURED'S INFORMATION**

First and Last Name \_\_\_\_\_ Firm Number \_\_\_\_\_

Full Mailing Address \_\_\_\_\_ Certificate Number \_\_\_\_\_

\_\_\_\_\_ Phone # (Home) \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_ Phone # (Work) \_\_\_\_\_

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**REQUEST FOR DIRECT DEPOSIT OF EXTENDED HEALTH AND DENTAL CLAIMS**

I hereby authorize the Chambers of Commerce Group Insurance Plan to deposit my benefit payments, through the DIRECT DEPOSIT system, into my personal chequing account at the financial institution indicated below:

Bank \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_

Any deposits entered into this account in accordance with this authorization will be identified as "**Chamber Group Insurance**" and I acknowledge that such deposits shall constitute an amount paid in accordance with this authorization.

This authorization will become effective as of \_\_\_\_\_.

Signature \_\_\_\_\_ Date \_\_\_\_\_

To ensure we accurately encode all the necessary information, **please enclose a sample cheque marked "VOID"**. You can cancel this authorization at any time by writing to the Plan Administrator. Return the completed form to:

DIRECT DEPOSIT CLERK  
CHAMBERS OF COMMERCE GROUP INSURANCE PLAN  
582 King Edward Street, Winnipeg, Manitoba R3H 0P1  
Telephone (204)774-6677 or TOLL FREE 1-800-665-3365  
Facsimile (204)774-6698 or TOLL FREE 1-800-457-8410