

DIRECT DEPOSIT APPLICATION HEALTH CARE/DENTAL PAYMENTS

To avoid delays, please complete the required information by printing clearly in ink.

1. GENERAL INFORMATION

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 return to:

CO-OPERATORS LIFE INSURANCE COMPANY
ATTN: GROUP NEW BUSINESS & ADMINISTRATION
1920 COLLEGE AVENUE
REGINA, SK S4P 1C4
FAX TO: (306) 761-7176

2. PRIVACY & AUTHORIZATION

CO-OPERATORS LIFE INSURANCE COMPANY PRIVACY STATEMENT

Co-operators Life Insurance Company 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.

Co-operators Life Insurance Company will collect, use and disclose personal information about you, your spouse or dependents for the purposes of providing group benefit plan administration, underwriting and claim services. Only authorized personnel have access to your information, and our systems and procedures are designed to prevent the loss, misuse, unauthorized access, disclosure, alteration, or destruction of your information. Our commitment to security extends to the contracts and agreements we sign with external suppliers and service providers. Your personal information may be collected by or transferred to a service provider outside of Canada for processing, storage, analysis or disaster recovery. You can find more details about Co-operators Life Insurance Company's privacy policy at www.cooperators.ca. If you have any questions regarding our privacy policies or about the collection, use and disclosure of your personal information, please contact: The Co-operators Privacy Officer: Priory Square, Guelph ON N1H 6P8 Tel: 1-888-887-7773 email: privacy@cooperators.ca (please indicate Co-operators Life Insurance Company in your inquiry)

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.

Group _____ Account _____ Certificate _____

Plan Member _____
First Name Initial Last Name

Address _____
Street City Province Postal Code

Financial Institution Name _____

Branch Address _____
Street City Province Postal Code

Account Number _____

Signature _____
(Plan Member's Signature)

Please include a personal cheque marked "VOID".
If no cheque is included, please have the following completed by the financial institution.

3. VERIFICATION BY BRANCH

Bank Branch (5 digits) _____ Bank Code (3 digits) _____ Account Number _____

Signature of Branch Office _____ Date _____
MMM/DD/YYYY

Title _____ Phone Number (_____) _____