Validate and Print

iA Financial Group

DIRECT DEPOSIT AND NOTIFICATION REQUEST

MEDICAL AND DENTAL EXPENSES

GROUP INSURANCE

It's easier and faster to enrol or modify your direct deposit information online directly through My Client Space!

Here's how:

1. Go to **ia.ca/myaccount**
2. Type in your access code and password and then, click on **Sign In**
3. Under **Your contracts**, click on your group insurance plan to access your personal file
4. In the **Direct Deposit and Notification** page, follow the steps to make your selection for both of these services
5. You can return to the **Direct Deposit and Notification** page at any time to update your banking information and your email address

If you do not want to enrol online, complete all three sections below. Please print clearly.

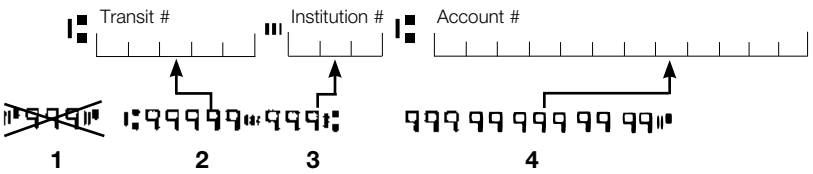
1. MEMBER IDENTIFICATION

Policy No. 2 8 2 2 7 Certificate No. _____

Member's Last Name _____ First Name _____

2. REQUEST FOR DIRECT DEPOSIT AND NOTIFICATION

To request direct deposit of your health and/or dental claim reimbursements, you may enclose a void cheque or you can provide your banking information below.



1 Cheque number (do not write this number).
2 Transit number (5 digits).
3 Financial institution number (3 digits).
4 Account number up to 12 digits. The format may vary from one financial institution to another. **(Indicate all the numbers)**

You must provide your personal or work email address if you wish to be notified once your claim is processed.

Email address for notification*: _____ ☐ Personal ☐ Work

☐ I do not want to be notified when the assessment of my health and/or dental claims has been completed.

* You will be considered as having refused the notification if you do not provide your banking information or your email address or if you check "I do not want to be notified".

Note: You can view the status and details of your health and/or dental claims via My Client Space, our secure website, at any time.

3. AUTHORIZATION

I HEREBY AUTHORIZE Industrial Alliance Insurance and Financial Services Inc. (the "Company") to deposit in my bank account, using the banking information I have provided above, any amounts payable in regards to a health and/or dental claim that I submit under my group insurance plan. **I AGREE** that this authorization will apply until such time as I submit a written request to the contrary to the Company. **I UNDERSTAND** that the Company will have no further obligation with regard to the claims paid. **I ALSO UNDERSTAND** that the Company can, without prior notice, terminate the direct deposit of my claims payments. This authorization takes effect on the date indicated below and will be valid for all other active bank accounts at this or any other financial institution that I may name in the future.

Furthermore, **I UNDERSTAND** and **AGREE** that if I provide the Company with incorrect banking information or if I fail to notify the Company of any change in my banking information and, as a result of this error or omission, the amount of a paid claim is deposited into the wrong bank account, the Company cannot be held responsible or liable for this error or omission or be obligated to reimburse me if the Company is unable to recover the amount that was paid into the wrong account.

I AGREE that a photocopy of this Authorization shall be as valid as the original.

X _____ Y M D

Signature Date

How to send us your duly completed form

Based on your province of residence, please send the form by:

Quebec
Fax (toll-free): 1-888-780-2376
Mail: Administration
PO Box 790, Station B
Montreal, Quebec H3B 3K6

All Other Provinces
Fax (toll-free): 1-888-781-0924
Mail: Administration
522 University Avenue, Suite 400
Toronto, Ontario M5G 1Y7

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