MUTUAL

Claims Administration

Group insurance

Select your request :

☐ Initial authorization ☐ Modification

Section 1: Information on the company

Contract number	Policy owner

Section 2: Explanations

Upon receipt of Form 601 (direct deposit of claim benefits) completed by the member, we are providing the direct deposit service for health insurance and dental insurance .

For the disabilites benefits, please indicate us if you authorize or not direct deposit of the claim benefits.

Please, also indicate to us for each benefit where to post the claim benefits in the case where :

- You refuse the direct deposit for this guarantee
- An member omit to forward us the form for the direct deposit for this claim benefits

Section 3 : Authorization

Please check ☑ the boxes that apply:	**I authorize the direct deposit**	**Claim benefits destination**
All classes		
Short term disability	Yes ☐ No ☐	Employer ☐ Employee ☐
Long term disability	Yes ☐ No ☐	Employer ☐ Employee ☐
Health / Dental		Employer ☐ Employee ☐
The following class(es) :		
Short term disability	Yes ☐ No ☐	Employer ☐ Employee ☐
Long tern disability	Yes ☐ No ☐	Employer ☐ Employee ☐
Health / Dental		Employer ☐ Employee ☐
The following class(es) :		
Short term disability	Yes ☐ No ☐	Employer ☐ Employee ☐
Long term disability	Yes ☐ No ☐	Employer ☐ Employee ☐
Health / Dental		Employer ☐ Employee ☐

Section 4: Additional information

Section 5: Autorization of the policy administrator

Policy administrator surname	Policy administrator first name
Signature	Date DD MM YYYY