

## ELECTRONIC FUNDS TRANSFER FORM

(for Primary Insureds or Members)

Section A - Primary Insured or Member  ame of Primary Insured or Member  roup Name (only applicable to group insurance)  Group Number (only applicable to group insurance)  Group Number (only applicable to group insurance)  Financy Insured or Member Address  No. / Street City State / Province / Island Po. Box  Section B - Primary Insured or Member Banking Information  Jame on Account (Beneficiary)  Jank Address  Account Type  Savings Chequing  Section C - Declaration and Authorization  HEREBY CERTIFY that the Information stated above is true and correct and authorize Colina Insurance Limited to execute the Electronic Funds ransfer for reimbursement of benefits payable in accordance with my health plan's Schedule of Benefits. Yes No	Section A - Primary Insured or Member  ame of Primary Insured or Member  roup Name (only applicable to group insurance)  Group Number (only applicable to group insurance)  Group Number (only applicable to group insurance)  Financy Insured or Member Address  No. / Street City State / Province / Island Po. Box  Section B - Primary Insured or Member Banking Information  Jame on Account (Beneficiary)  Jank Address  Account Type  Savings Chequing  Section C - Declaration and Authorization  HEREBY CERTIFY that the Information stated above is true and correct and authorize Colina Insurance Limited to execute the Electronic Funds ransfer for reimbursement of benefits payable in accordance with my health plan's Schedule of Benefits. Yes No	Day Month Year			
Account Type Savings Section C - Declaration and Authorization  Member ID Number  Group Number (only applicable to group insurance)  Group Number (only applicable to group insurance)  Fax  P.O. Box  PO. Box  PO. Box  PO. Box  Power Insurance Insuranc	Account Type Savings Section C - Declaration and Authorization  Member ID Number  Group Number (only applicable to group insurance)  Group Number (only applicable to group insurance)  Fax  P.O. Box  PO. Box  PO. Box  PO. Box  Power Insurance Insuranc	Day World Teal			
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