



104, 13025 St. Albert Trail
Edmonton, Alberta
T5L 4H5

t 780.455.5845
tf 1.877.263.7266
w opencirclebenefits.ca

This form is to be used when a OpenCircle Benefit Plan Participant wishes to assign payment of their Extended Health Care or Dental Care claim to the service provider. To accommodate this arrangement, you must have the service provider's consent.

Please complete this form and attach it directly to the claim form. You must complete this form each time you wish to assign payment of a benefit claim to the service provider.

I, the undersigned, assign benefits from the attached claim to be payable to:

Service provider's name and company

<hr/> <p>Plan Member's Name</p>	<hr/> <p>Certificate Number</p>	<hr/> <p>Plan Member's Phone Number</p>
---------------------------------	---------------------------------	---

<hr/> <p>Signature</p>	<hr/> <p>Date</p>
------------------------	-------------------

Please send the completed original copy of this form, along with a completed claim form and invoice to:

Canada Life
Winnipeg Benefit Payments
P.O. Box 3050
Winnipeg MB R3C 4E5