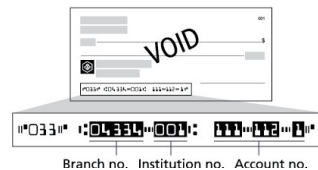


F DIRECT DEPOSIT SERVICE Attach a void cheque or provide your bank information below to sign up for direct deposit.

Transit/branch no.	Institution no.	Account no.
Your email address (mandatory)		



Once registered, your reimbursements for health care services will be deposited into this bank account. A notification email will be sent once your claims have been processed, and the explanation of benefits will be posted online rather than mailed. You must be registered on the secure site to consult your explanation of benefits. To register, go to desjardinslifeinsurance.com/planmember.

Desjardins Insurance, is not responsible for the accuracy of the banking information you enter and for verifying that the due amounts are deposited into your account.

G PERSONAL INFORMATION MANAGEMENT

Desjardins Insurance handles the personal information it has on you in a confidential manner. Desjardins Insurance keeps this information on file so that you may benefit from group insurance services offered by the Company. This information is consulted solely by Desjardins Insurance employees who need to do so in the course of their work. Desjardins Insurance may compile anonymized personal information for statistical and informational purposes. Desjardins Insurance may also communicate with plan members to provide them with optimal health management. You have the right to consult your file. You may also have information corrected if you demonstrate that it is inaccurate, incomplete, ambiguous or not useful. To do so, you must send a written request to the following address: Privacy Officer, Desjardins Insurance, 200, rue des Commandeurs, Lévis, Québec, G6V 6R2. Desjardins Insurance may use the client list to offer its clients an insurance product following the termination of their group insurance. If you do not wish to receive these offers, you may have your name removed from the list. To do so, you must send a written request to the Privacy Officer at Desjardins Insurance.

H DECLARATION AND AUTHORIZATION FOR THE COLLECTION AND COMMUNICATION OF PERSONAL INFORMATION

I understand that I am responsible for the total cost of the treatment. All the information I have provided on the claim form is accurate and complete. I acknowledge having read the Personal Information Management section. I authorize Desjardins Insurance, strictly for the purposes of managing my file and settling this claim to: a) collect from any person or legal entity, or from any public or parapublic organization, only the information deemed necessary to manage my file. The non-exhaustive list of sources from which information may be collected includes health care professionals or facilities, insurance companies; b) communicate to the said persons or organizations only the personal information about me that is deemed necessary for the purposes of my file; c) when necessary use the personal information it may have about me in existing files that are now closed.

I also authorize Desjardins Insurance to release the information regarding this claim to Studentcare for benefits administration. This authorization is also valid for the collection, use and communication of personal information concerning my dependents, insofar as applicable to the claim. A photocopy of this authorization is as valid as the original.

Signature of the member: _____

Date: _____

Telephone nos: Home: _____

Office: _____

Extension: _____

I DENTAL TREATMENT DUE TO AN ACCIDENT**▶ TO BE COMPLETED BY THE MEMBER**

YYYY MM DD

Date of the accident: _____ Location of the accident: _____

How did the accident occur? _____

If the claim is the result of a work injury or a motor vehicle accident, please note that the claim must first be submitted to your provincial automobile insurance (if applicable in your province) or occupational health and safety plan before being forwarded to your insurer.

▶ TO BE COMPLETED BY THE DENTISTIs it an accidental injury to a healthy and natural tooth? Yes No

Diagnosis and clinical description prior to the accident: _____

Preoperative X-rays are required for the study of dental treatment due to an accident. They will be returned to the attending dentist as soon as possible.

Please send to: Desjardins Insurance, C. P. 3950, Lévis (Québec) G6V 8C6