

PRE-AUTHORIZED DEPOSITS

FOR CLAIMS
REIMBURSEMENT
AT COUGHLIN



P.O. Box 764
Winnipeg, MB R3C 2L4
Tel: (204) 942-4438
Fax: (204) 943-5998
Toll-free: 1-888-204-1234
www.coughlin.ca

CONVENIENCE

The pre-authorized deposit method eliminates the possibility of lost or stolen cheques. Deposits are made directly to your bank or financial institution account.

DEPOSIT DATE

Deposits will be made within two to five working days following the approval of your claim. Your deposit will be confirmed by email.

AUTHORIZATION FORM

Please complete the information required on the authorization form and also include one of your personal cheques marked "VOID" and return them to Coughlin & Associates Ltd., in the enclosed envelope.

PROOF OF DEPOSIT

Your deposits are recorded automatically and individually on your monthly bank statement or pass book.

STATEMENT

Your statement contains information outlining your reimbursement, deductibles, and amounts not reimbursed. It will be forwarded to your email address. If you do not have an email address, it will be forwarded to your address on file by regular mail.

CHANGE OF FINANCIAL INSTITUTION

Should you move your account from one bank or branch to another, please advise Coughlin & Associates Ltd., of the change and we will arrange a new agreement with you so payments can continue uninterrupted.

CHANGE OF ADDRESS

In order to keep your file up to date, please advise Coughlin & Associates Ltd., of any change of address **or e-mail address to ensure receipt of your statement and deposit confirmation.**

PROTECTING YOUR PERSONAL INFORMATION

The administrator of your group benefits plans is Coughlin & Associates Ltd. At Coughlin, we recognize and respect every individual's right to privacy. When personal information is provided to us, we establish a confidential file that is kept in the offices of Coughlin, or the offices of an organization authorized by Coughlin. We use the information to administer the group benefits plan. We limit access to information in your file to Coughlin staff or persons authorized by Coughlin who require it to perform their duties, to persons to whom you have granted access, and to persons authorized by law.

AUTHORIZATION FORM - (PAD)

Employer name: _____

Member name: _____

Address: _____

City: _____

Province: _____ Postal code: _____

Employee identification number: _____

Tel. #: () _____

Email: _____

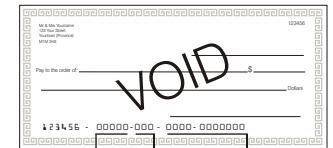
Bank name: _____

Branch address: _____

City: _____ Province: _____

NOTE: Line of credit cheques can NOT be accepted.

I have enclosed a **MANDATORY "VOID"** cheque



5-Digit branch transit #: ↓

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Institution #: ↓

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Account #: ↓

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I authorize Coughlin & Associates Ltd. to credit my account indicated above. The Pre-Authorized Deposit Plan may be terminated by either Coughlin & Associates Ltd. or by me through written notice. **Deposits will be made within two to five working days following the approval of your claim. Your deposit will be confirmed by email.**

I authorize: Coughlin to exchange my personal information with the following persons, organizations or parties: Health care providers; financial institutions; government agencies; insurance companies; employers or former employers; my local union or plan trustees; actuaries and auditors; and Coughlin to use the personal information on file to provide me with additional information regarding my pension to which I am entitled. When providing personal information for my spouse and/or dependants, **I confirm** that I am authorized to act on their behalf. **I agree** that a photocopy or electronic copy of this Authorizations & Declarations section is as valid as the original. **I certify** that the information given is true, correct and complete to the best of my knowledge.

Signature: _____

Date (year/month/day): _____