THE Great-West Life ASSURANCE COMPANY

AUTHORIZATION AND RELEASE

Great-West Life
your Benefits Solutions People

Please complete this Authorization and Release form and return this to Great-West Life as soon as possible to ensure prompt assessment of your claim. This will allow Great-West Life to co-ordinate benefits directly with your Provincial health plan.

I, _____ (patient) irrevocably direct and authorize Ontario Ministry of Health and Long-Term Care (O.H.I.P.) to make payment in respect of my claim for out-of-country health services to The Great-West Life Assurance Company directly, and I hereby release O.H.I.P., upon payment to The Great-West Life Assurance Company from any further claim or cause of action in connection therewith.

I hereby consent and authorize O.H.I.P. to directly or indirectly collect information contained in the claim source documents pursuant to Section 39(1) of the *Freedom of Information and Protection of Privacy Act* and Section c. H.6 of the *Health Insurance Act*, R.S.O. 1990.

I consent to the disclosure of O.H.I.P. to The Great-West Life Assurance Company of such personal information as may be necessarily required for the processing of my claim for out-of-country health services, including the details of any duplicate payment previously made directly to me.

Please provide all of the information requested below, including your Great-West Life Plan and ID Number. This form will be returned to the claimant if not fully completed.

Date: _____ Year _____

_____ _____

Signature of or on Behalf of Insured | Signature Printed

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Patient's Ontario Health Insurance Number | Patient's Version Code

_____

Patient's Birthdate

Please attach a photocopy of your current O.H.I.P. Health Card if possible. This will ensure accurate and timely coordination of benefits with your provincial health plan.

_____ _____

Great-West Life I.D./Cert. Number | Great-West Life Plan Number/Employer

RETURN TO: GROUP OUT-OF-COUNTRY CLAIMS

Clear