



AUTHORIZATION FORM / THIRD PARTY DESIGNATION DISABILITY CLAIM

I, _____, authorize Canada Life, my creditor and / or plan sponsor, my employer, any healthcare or rehabilitation provider, any insurance or reinsurance companies, administrators of government benefits or other benefit programs, any person having knowledge of me or my health, and service providers working with Canada Life or the above to exchange personal information, including consultation reports, when relevant and necessary for the purpose of administering the group benefits plan including investigating and assessing this claim.

I further authorize Canada Life, to discuss details of my claim with the following person:

Name: _____ Phone Number: _____

Address: _____ E-mail: _____

A photocopy of this authorization is as valid as the original and shall continue to have effect throughout my claim.

Claimant Name: _____ Reference Number: _____

Claimant Signature: _____ Date: _____
(MM/DD/YYYY)

PROTECTING YOUR PERSONAL INFORMATION

At The Canada Life Assurance Company we recognize and respect the importance of privacy.

Your personal information:

- When you apply for coverage, we establish a confidential file that contains your personal information like your name, contact information, and products and coverage you have with us. Depending on the products or services you apply for and are provided with, this may also include financial or health information.
- Your information is kept in the offices of Canada Life or the offices of an organization authorized by Canada Life.
- You may exercise certain rights of access and rectification with respect to the personal information in your file by sending a request in writing to Canada Life.

Who has access to your information:

- We limit access to personal information in your file to Canada Life staff or persons authorized by Canada Life who require it to perform their duties and to persons to whom you have granted access.
- In order to assist in fulfilling the purposes identified below, we may use service providers located within or outside Canada.
- Your personal information may also be subject to disclosure to public authorities or others authorized under applicable law within or outside Canada.

What your information is used for:

- Personal information that we collect will be used for the purposes of determining your eligibility for products, services or coverage for which you apply, providing, administering or servicing products or coverage you have with us, and for Canada Life's and its affiliates' internal data management and analytics purposes.
- This may include investigating and assessing claims, paying benefits, and creating and maintaining records concerning our relationship.

The consent given in this form will be valid until we receive written notice that you have withdrawn it, subject to legal and contractual restrictions. For example, if you withdraw your consent, we may not be able to continue to adjudicate or administer a claim for benefits.

This consent may be revoked by me at any time by sending a written instruction. I agree that a copy of this authorization is as valid as the original.

If you want to know more:

For a copy of our Privacy Guidelines, or if you have questions about our personal information policies and practices (including with respect to service providers), write to Canada Life's Chief Compliance Officer or refer to www.canadalife.com.

Signature of Claimant: _____ Date: _____
(MM/DD/YYYY)

PLEASE SUBMIT COMPLETED FORM TO:

THE CANADA LIFE ASSURANCE COMPANY
CREDITOR INSURANCE
CLAIMS DEPARTMENT
330 UNIVERSITY AVENUE, TORONTO, ONTARIO, CANADA M5G 1R8
FAX No.: 416-552-6557

E-MAIL ADDRESSES : WESTERN & NORTHERN PROVINCES: VANCOUVER_CREDITOR@CANADALIFE.COM
ONTARIO: TOR_CREDITOR_CLAIMS@CANADALIFE.COM
QUÉBEC: CREANCES.MONTREAL@CANADALIFE.COM
MARITIME PROVINCES: HALIFAXCREDITOR@CANADALIFE.COM