Assignment of Payment
Insurance Benefit/Premium Refund

Please complete this form and submit with your claim form or written request for a refund.
Please note this assignment of payment will not be retained for future transactions, and will only be applied to the claim or refund request to which it is attached.

A. Personal Information

First Name	Last Name		
Address	City	Province	Postal Code
Phone ( )	Email	GMS Policy #	

B. Assignment Details

If assigning to an individual, please provide the first and last name to be shown on the payment to be assigned.

First Name	Last Name	Date of Birth *(DD/MM/YYYY)*	
Address	City	Province	Postal Code
Phone ( )	Email		

If assigning to a broker or agency, please give the name of the brokerage to be shown on the payment to be assigned.

Agency Name			
Agency Address	City	Province	Postal Code

I am authorizing Group Medical Services to make the following payable to the above noted individual or brokerage:

☐ Premium Refund ☐ Insurance Benefit Payment

C. Authorization of Premium Refund/Assignment Insurance Benefit Payment

I /We direct and authorize any applicable *(please select one)* ☐ Premium Refund ☐ Insurance Benefit Payment, subject to any policy terms and conditions, be made payable to the company or individual(s) as indicated in section B above. I/We understand that this authorization overrides any other provisions for payment which may be set out in the policy wording.

I agree that this authorization directs Group Medical Services ("GMS") to pay any amount to which I may become entitled to my assignee. Once GMS has paid my assignee pursuant to this authorization I agree that I will not be entitled to demand payment for those amounts paid to my assignee from GMS.

A photocopy, fax or scan of this authorization shall be considered as effective and valid as the original. I agree that this authorization expires one year from the date written below.

Signature of Policyholder/Guardian/Executor	Policyholder *(please print full name)*	Date *(DD/MM/YYYY)*
X		

Please submit your form to Group Medical Services, 2055 Albert Street, PO Box 1949 Regina, SK, S4P 0E3.