

AUTHORIZATION AND RELEASE

I _____ irrevocably direct and authorize GHIP to make payment in respect to my claim for out-of-country health services to **SSQ Insurance Company Inc.** directly and I hereby release GHIP, upon payment to **SSQ Insurance Company Inc.** from any further claim or cause of action in connection therewith.

I hereby consent and authorize GHIP to directly or indirectly collect information contained in the claim and source documents pursuant to Section 39(1) of the Freedom of Information and Protection of Privacy Act, and Section 4(2) of the Health Insurance Act.

I consent to the disclosure by GHIP to **SSQ Insurance Company Inc.** 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.

Date: _____

(Signature of/on behalf of Insured)

(Relationship if other than claimant)

INFORMATION ON CLAIMANT

Name: _____

Home Province & Address in Canada: _____

Date of Birth: _____ Health Insurance #: _____

TO BE COMPLETED BY SSQ INSURANCE

Name of Insured Employee: _____

Policy #: _____