



## AUTHORIZATION AND RELEASE

I, the undersigned, \_\_\_\_\_ irrevocably direct and authorize GHIP to make payment in respect to my claim for out-of-country health services to AXA Assurances Inc. directly and I hereby release GHIP, upon payment to AXA Assurances 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 Information and Protection of Privacy Act, and Section 4(2) of the Health Insurance Act.

I consent to the disclosure by GHIP to AXA Assurances 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 AXA ASSURANCES INC.	
Name of Insured Employee:	
Policy #:	