



Delta II Building
2875 Laurier Blvd, Suite 100
P.O. Box 1500
Québec QC G1K 8X9
Email:

Telephone: 418 644-4200
1 800 463-4856
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adm.collectif@lacapitale.com

GROUP NO.	EMPLOYER NO.	IDENTIFICATION NO.

1 - PARTICIPANT'S IDENTIFICATION

FAMILY NAME		FIRST NAME			
ADDRESS	NO.	STREET	APT.	PHONE AT HOME	()
CITY	POSTAL CODE		PHONE AT WORK	()	

2 - AUTHORIZATION

I hereby authorize La Capitale Insurance and Financial Services Inc., to deposit my health and/or dental care insurance benefits in my account.

ATTACH A SAMPLE CHEQUE WITH "CANCELLED" WRITTEN ACROSS IT.

Please fill out and return this form to:

La Capitale Insurance and Financial Services Inc.
Delta II Building
2875 Laurier Blvd, Suite 100
P.O. Box 1500
Québec QC G1K 8X9

3 -SIGNATURE OF THE PARTICIPANT

Signed in _____, on the _____ day of _____ 20 ____.

Signature of the participant

Each employer may reprint this form for its needs.