

625 Saint-Amable St, P.O. Box 1500, Quebec QC G1K 8X9
418 644-4200 or 1 800 463-4856 • Fax: 418 646-0888
prest.sante@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 benefits in my bank account. **Please complete the following bank information; no cheque specimen is required.**

Branch No.	Institution No.	Account No.

Coverage: **Dental** **Health** **Disability**

Please fill out and return this form to: La Capitale Insurance and Financial Services Inc.
625 Saint-Amable St
P.O. Box 1500
Quebec QC G1K 8X9

3 –SIGNATURE OF THE PARTICIPANT

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

Signature of the participant