



DIRECT DEPOSIT AND ELECTRONIC NOTICE ENROLLMENT OF HEALTH AND DENTAL CLAIMS

Member's last name and first name			Certificate No.
No., street, apartment	City, province	Postal code	Policy or group or contract No.
Telephone Nos.:	Home: <small>Area code + Number</small>	Office: <small>Area code + Number</small>	Extension:

This service enables you to receive your health and dental claim payments by direct deposit and to be informed by e-mail when your claim has been processed. If you are not already enrolled in the direct deposit service, please attach a specimen cheque marked "VOID" to this enrollment request.

To enroll in the electronic notice service, provide your E-mail address: _____

For more information about these services or **to sign up electronically for the services**, or to make changes to your personal information, please visit our website at www.desjardinsgroupinsurance.com.

Signature of the member

Date

RETURN TO: Desjardins Financial Security, C.P. 3950, Lévis, QC, G6V 8C6