

Reference number

(for office use only)

: _____

Insured

: _____

Date of birth

: _____

Address

: _____

Medical card number

: _____

MANDATORY

(The processing of the claim may be delayed if the information above is missing.)

I, the undersigned, _____,

(Your name in capital letters)

authorize the **Ontario Ministry of Health and Long Term Care** to disclose to:

National Bank Life Insurance Company
1100, Robert-Bourassa Blvd., 5th floor
Montreal (Quebec) H3B 2G7

The OHIP Personal Claims History Records (entire OHIP billing summary) for the period covering:

From _____ **to date.**

(for office use only)

Justification under the Personal Health Information Protection Act:

I declare that I am aware of the purpose for which this information will be used by the National Bank Life Insurance Company, and therefore give my informed consent to its disclosure.

This autorisation is valid for 12 months.

Signature *(No reprography is accepted)*

Date

Signature of witness *(No reprography is accepted)*

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