



POWER OF ATTORNEY

(Appendix 1)

PO Box 6000 Winnipeg MB R3C 3A5

Please complete this Power of Attorney and return this to Canada Life as soon as possible to ensure prompt assessment of your claim. This form will be returned to the claimant if not fully completed.

I the undersigned, _____
(Insured)

EMPOWER: The Canada Life Assurance Company, WINNIPEG OFFICE

- 1) To submit to the Régie de l'assurance maladie du Québec (the Régie), in accordance with the laws and regulations applied by the Régie, my claims for insured medical and hospital services which I, my spouse or my children received family insurance during our stay in (Location) _____ from _____ to _____ (dates).

GROUP INS. # _____

Family Insurance: for the purpose of family insurance, this Power of Attorney applies only to me, my spouse, and my children, identified below:

- 1) Spouse: _____ Health Insurance Number: _____
- 2) Children: _____ Health Insurance Number: _____
 _____ Health Insurance Number: _____

- 2) to transmit to, and receive from, the Régie all information and documents required for the assessment and payment of said claims;
- 3) to authorize from the Régie all amounts reimbursed and due to me, my spouse, or my children (family insurance).

I AUTHORIZE the Régie to accept the claims so submitted, to act in accordance with this Power of Attorney as specified and to transmit to the company any information it may request concerning the beneficiary status of myself, my spouse or my children.

(Beneficiary's Signature) (Insured)

(Beneficiary's Health Insurance Number)

Canada Life I.D./Cert. Number

Canada Life Plan Number/Employer