

**Government Payment Authorization  
for Out-Of-Country Medical and Hospital Services  
(Residents of Prince Edward Island)**

*Please complete this Payment Authorization and return this to Canada Life as soon as possible to ensure prompt assessment of your claim. Please provide all of the information requested, including your Canada Life plan number and I.D. Number.*

*This form will be returned if not completed in full. Completion of this form will allow Canada Life to coordinate benefits directly with your Provincial health plan.*

**To be Completed by RESIDENT/INSURED**

“I hereby authorize and direct the Health and Community Services Agency of Prince Edward Island, or their agents, to forward payment to The Canada Life Assurance Company in respect of eligible medical and hospital services which were provided outside of Canada for which a claim has been submitted to the Health and Community Services Agency by Canada Life.”

DATED this \_\_\_\_\_ day of \_\_\_\_\_ Year \_\_\_\_\_

Patient's Provincial Health Number \_\_\_\_\_

Signature of Patient: \_\_\_\_\_

\_\_\_\_\_  
Canada Life I.D./Cert. Number

\_\_\_\_\_  
Canada Life Plan Number/Employer