

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

Please complete this Payment Authorization and the attached Application for Hospital Insurance Benefits 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 Medical Care Plan and/or Department of Health and Community Services, 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 MCP or the Department of Health by Canada Life.”

DATED this _____ day of _____ Year _____

Patient's Provincial MCP Number (Patient Identify Number) _____

Signature of Resident/Patient: _____

Canada Life I.D./Cert. Number

Canada Life Plan Number/Employer