

## Government Payment Authorization And Assignment Form for Out-Of-Country Medical and Hospital Services (Residents of Northwest Territories)

*Please complete this Payment Authorization and return this to Great-West Life as soon as possible to ensure prompt assessment of your claim. Please provide all of the information requested, including your Great-West Life plan number and I.D. Number, and the agreement for endorsement of health plan payments.*

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

### To be Completed by RESIDENT/INSURED

"I hereby authorize and direct payment to The Great-West Life Assurance Company in respect of eligible medical and hospital services which were provided outside of Canada"

"I further agree to endorse any cheques owing to Great-West Life in reimbursement of these expenses."

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

Patient's Territory Health Number (PHN) \_\_\_\_\_

Signature of Resident/Patient: \_\_\_\_\_

\_\_\_\_\_  
Great-West Life I.D./Cert. Number

\_\_\_\_\_  
Great-West Life Plan Number/Employer