



PROTECTED "B" WHEN COMPLETED

PENSIONERS' DENTAL SERVICES PLAN AUTHORIZATION FOR CLAIMS SUBMISSION AND REDIRECTION OF PAYMENT

Part 1 – Instructions

Please use this form to provide authorization to Canada Life for claims submission and redirection of payment.

1. Please complete this form in full.
2. Send to the appropriate Canada Life address. See Part 7.

Part 2 – Plan member information - You must complete this section fully. If you are unsure of your plan or certificate number, please see your PDSP benefit card, the Canada Life PDSP Member Services website or Part 7 for our contact information.

Plan name Pensioners' Dental Services Plan	Plan number	Plan member's certificate number	
Plan member's name			
First name	Last name		
Plan member's address			
Number and street	City or town	Province/Territory/State	Postal/Zip Code
Country	Date of birth	Day	Month Year

Part 3 – Policy statement

Under the Pensioners' Dental Services Plan (PDSP) Rules, a plan member may direct payment of one or more claims to their spouse or common-law partner. The Employer and the Plan Administrator have agreed, in the interest of proper plan administration, to allow a member to authorize a spouse or common-law partner to submit dental claims on the member's behalf when the claims are in respect of dental treatment or services for the member's spouse or common-law partner or eligible dependant child(ren). Further, in situations where the member's eligible dependant child(ren) are not in the care and custody of the member, the member may authorize the person having care and custody of the eligible dependant child(ren) to file claims and receive claims' reimbursement in respect of dental treatment or services for the member's eligible dependant child(ren).

The member may ask that this authorization be rescinded by writing to the Plan Administrator.

Part 4 – Authorization

By this document, I, , a member of the Pensioners' Dental Services Plan (PDSP), authorize the following:

- I authorize , who is
- my spouse
 - my common-law partner
 - the person having care and custody of my eligible dependant child(ren)

to submit, on my behalf, dental claims for services and treatments in respect of my spouse/common-law partner/eligible dependant child(ren) to the Plan Administrator, The Canada Life Assurance Company;

AND/OR

- I authorize the Plan Administrator to direct benefit payments under the PDSP with respect to services and treatments for my spouse/common-law partner/eligible dependant child(ren) to

Name

Address

Telephone

who is

- my spouse
- my common-law partner
- the person having care and custody of my eligible dependant child(ren)



Part 4 – Authorization (continued)

My eligible dependant child(ren) are:

Child's name	Date of birth
Child's name	Date of birth
Child's name	Date of birth
Child's name	Date of birth

This authorization will remain in force until I rescind it, which I may do at any time by advising the Plan Administration in writing of my intention. I understand that in any instance where I assign dental benefits coverage to a dental provider who has provided services to my spouse, common-law partner or eligible dependant child(ren), that assignment will take precedence over this authorization.

Plan member's signature X _____ Date

Part 5 – Privacy

At Canada Life, we recognize and respect the importance of privacy. Personal information we collect will be used to assess your claim and administer the group benefits plan. Please refer to the [PDSP Privacy Statement](https://www.canada.ca/en/treasury-board-secretariat/topics/benefit-plans/plans/pensioner-dental-services-plan/resources/pensioners-dental-services-plan-privacy-statement.html) (https://www.canada.ca/en/treasury-board-secretariat/topics/benefit-plans/plans/pensioner-dental-services-plan/resources/pensioners-dental-services-plan-privacy-statement.html) for further information on how your privacy is protected. Where there is a difference between the Privacy Act (//laws-lois.justice.gc.ca/eng/acts/P-21/) and the PDSP Privacy Statement and Canada Life's Privacy guidelines, Canada Life will apply the most stringent requirements. For a copy of our Privacy Guidelines, or if you have questions about our personal information policies and practices (including with respect to service providers), write to Canada Life's Chief Compliance Officer or refer to canadalife.com.

Part 6 – Confirmation, Authorization and Signature

I authorize Canada Life, any healthcare or dentalcare provider, my plan sponsor, the Federal PSHCP Administration Authority (for the PSHCP only), Dental Board/Boards of Management (for the PSDCP and/or PDSP - whichever plans you are enrolled in with Canada Life), other insurance or reinsurance companies, administrators of government benefits or other benefits programs, other organizations or service providers working with Canada Life located within or outside Canada, to exchange personal information when necessary for these purposes. I understand that personal information may be subject to disclosure to those authorized under applicable law within or outside Canada.

I also consent to the use of my personal information for Canada Life and its affiliates' internal data management and analytics purposes.

In accordance with the Positive Enrolment Authorization and Declaration (welcome.canadalife.com/pdsp/review-authorizations-and-declarations.html) accepted during the completion of Positive Enrolment (refer to your Positive Enrolment Record if you completed Positive Enrolment by paper), I agree to the collection, use and disclosure of personal information as set out in the Privacy section, Canada Life's Privacy guidelines and the PSHCP, PSDCP and/or PDSP Privacy Statement(s) (whichever plans you are enrolled in with Canada Life).

For the purposes of appeals, audits, or in the case of overpayments and/or erroneous payments which I have not reimbursed to Canada Life, I agree that Canada Life may disclose personal information related to such payment to the Plan Sponsor, the Treasury Board of Canada Secretariat, and the Federal PSHCP Administration Authority (for the PSHCP only), Dental Board/Boards of Management (for the PSDCP and/or PDSP - whichever plans you are enrolled in with Canada Life). The Plan Sponsor/Treasury Board of Canada Secretariat may disclose this personal information to government institutions so that the overpayments and/or erroneous payments and associated interest (if applicable) can be deducted or set-off from any money due or payable to me by His Majesty. I certify that the information given on this claim form is true, correct and complete to the best of my knowledge.

I certify that all goods and services being claimed have been received by me, my spouse, common-law partner and/or my dependants; and that my spouse, common-law partner and/or dependants are eligible under the terms of my plan. The submission of fraudulent claims is a criminal offence. Canada Life takes the submission of fraudulent claims seriously. Suspected fraudulent claims may be reported to your employer or plan sponsor and to the appropriate law enforcement agency.

Plan member's signature X _____ Date



Part 7 – Submitting the authorization form

Please send your form to Canada Life:

ONLINE

canadalife.com/pdsp

Sign in to your account through the PDSP Member Services website to submit claims or estimates.

Questions? Call Canada Life:

North America (toll-free): 1-855-415-4414
International (collect): 1-431-489-4064

MAIL

Winnipeg Benefit Payments
PO Box 6025 Station Main
Winnipeg MB R3C 3C7



Deaf or hard of hearing and require access to a telecommunications relay service?

Please contact us:
TTY to Voice: 711 • Voice to TTY: 1-800-855-0511