

Pre-authorized debit enrollment request to allow Desjardins Insurance* to withdraw, on a monthly basis, the amount required for the payment of:

- The premiums for insured benefits as calculated by Desjardins Insurance;
- The total amount of benefits paid and fees billed for self-insured benefits (ASO);
- For insured benefits and budgeted administrative services only plans (BASO).

Section A. Identification – Please print.

Name of the policyholder

Address – No., street

City

Province

Postal code

Section B. Pre-authorized debits – Continued on back

Account holder (business name)

Name of the financial institution where the account is located

Institution No.

Transit/branch No.

Account No.

Contract No.: _____

All billing divisions

For the following division(s): _____

- **One PAD form is required** if the amounts are to be drawn **from one bank account for all divisions.**
- **A separate pre-authorized debit form is required for each account that must be debited from a different bank account.**
- Please provide an unsigned blank cheque marked "VOID" to avoid errors in transcription.
- If you change your account or financial institution, please advise Desjardins Insurance.

INDICATE THE BENEFITS AND AGREEMENT(S) CONCERNED BY THIS PRE-AUTHORIZED DEBIT REQUEST:

- Applicable to **all benefits or agreements** (see section C for the list of benefits)
- Applicable to **certain benefits or agreements** – Specify the concerned benefits depending on your contract OR according to the one(s) applicable to your contract:
- Insured benefits Administrative Services Only (ASO) Insured benefits and budgeted administrative services only plans (BASO)
- Cost plus agreement (Cost plus) Disability management advisory services
- Health Spending Account (HSA) Wellness Account (WA)

PAD AUTHORIZATION

I authorize Desjardins Insurance to make monthly pre-authorized debits (PAD) from my account with the aforementioned financial institution.

Each withdrawal will correspond to a variable amount and will be indicated on the billing statement sent by Desjardins Insurance no later than the due date for the group insurance withdrawal. Withdrawals are made on the 15th or 16th of each month—or after the billing statement has been sent, if it is sent after the 15th or 16th of the month.**

I hereby understand this authorization constitutes the confirmation set out under Payments Canada's Rule H1 under the article 16. I acknowledge having received a copy of this agreement and I understand this copy is for me. Consequently, I waive my right to be sent the billing statement within the 10-day period set out under Payments Canada's Rule H1, for the initial and any subsequent debits. At the end of the financial year, an additional debit may be made for budgeted administrative services only plans (BASO) if there is an outstanding amount. A confirmation of the amount to be withdrawn and the date of withdrawal will be sent in writing at least 5 days before the planned date of withdrawal.

* Desjardins Insurance refers to Desjardins Financial Security Life Assurance Company

** Details in section C.

Section B. Pre-authorized debits – Continued

CHANGE OR CANCELLATION

I shall inform Desjardins Insurance, in a timely manner, of any changes to this agreement. I retain the right to revoke my authorization at any time, with a pre-notification of 30 calendar days. To obtain a sample of the cancellation form or for more information on my right to cancel a PAD agreement, I may contact my financial institution or visit the Payments Canada website at payments.ca. I agree to release the financial institution of any liability if the revocation is not respected, except in the case of gross negligence on its part. I agree that the financial institution at which I maintain the account is not required to verify that the payment is debited in accordance with this authorization. I also certify that every person whose signature is required for the operation of the aforementioned account has signed this authorization. I acknowledge that the delivery of this authorization to Desjardins Insurance constitutes delivery by me to the aforementioned financial institution.

REIMBURSEMENT

I have certain recourse rights if any debit does not comply with this agreement. For example, I have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD agreement. To obtain more information on my recourse rights, I may contact my financial institution or visit payments.ca. The financial institution shall reimburse me, on behalf of the organization, for any amounts withdrawn in error, within 10 business days, provided that the reimbursement is claimed for a valid reason. I understand that a claim to this effect must be made to my financial institution following the procedure it will provide for that purpose. Finally, I acknowledge that a claim for reimbursement filed after the aforementioned time limits must be settled between me and Desjardins Insurance, without any liability or commitment on the part of my financial institution.

CONSENT TO DISCLOSURE OF INFORMATION

I hereby consent to the disclosure of the information contained in my pre-authorized debit enrollment agreement to the financial institution, provided such information is directly related to and required for the smooth application of the rules governing pre-authorized debits.

Name of authorized signatory (PLEASE PRINT)

Signature of authorized signatory

Date

Name of secondary authorized signatory (PLEASE PRINT)

Signature of second authorized signatory

Date

(only if two signatures are required)

Section C. List of benefits and withdrawal dates

Pre-authorized debits are made the 15th of each month for the following benefits:

- Insured benefits
- Insured benefits and budgeted administrative services only plans (BASO)

Pre-authorized debits are made the 16th of each month for the following benefits:

- Administrative Services Only (ASO)
- Cost plus agreement (Cost Plus)
- Health Spending Account (HSA)
- Wellness Account (WA)
- Disability management advisory services

**PLEASE RETURN THIS FORM WITH AN ATTACHED “VOID” CHEQUE TO DESJARDINS INSURANCE
AND KEEP A COPY FOR YOUR FILE.**