

# Affinity Markets Assignment of Benefits

**IMPORTANT NOTE:** Complete this form only when assigning benefits to the provider. A separate Assignment of Benefits form must be completed for each provider.

<b>1 Plan member information</b>	Plan number		Identification number		
	Plan member name (first, middle initial, last)				Date of birth (dd/mmm/yyyy)
	Address (number, street and apartment)				
	City/Town	Province	Postal code	Telephone number	
<b>2 Provider information</b>	Provider name				
	Address (number, street and suite)				
	City/Town	Province	Postal code	Telephone number	Ext.
	Provider registration number		Provider signature or official stamp		
	Date (dd/mmm/yyyy)				
<b>3 Authorization</b>	<p><b>I understand</b> that the fees listed in this claim may not be covered by or may exceed my plan benefits.  <b>I understand</b> that I am financially responsible to the service provider for the entire cost associated with this claim.  <b>I hereby assign</b> my benefits payable from this claim to the named service provider and authorize payment directly to them.  <b>I understand</b> that Manulife reserves the right to modify assignment privileges for specific benefits, benefit categories, specific service providers or service provider categories.  <b>I/We hereby certify</b> that the information provided in connection with this claim is true, accurate and complete.  <b>I/We hereby authorize</b> any licensed physician, medical practitioner, hospital, pharmacy, clinic or other medically related facility, pre-payment organization, insurance company, third party administrator, plan sponsor, employer, government agency, investigative or security agency or any other person or organization having any records, knowledge or information concerning this claim or my/our health or the health of any insured member of my/our family as it may relate to this claim to release such information to Manulife to exchange such information with any of the named parties where such exchange is necessary for the proper adjudication and processing of the claim. A photocopy of this signed authorization shall be as valid as the original.</p>				
	Signature of plan member				Date signed (dd/mmm/yyyy)
<p><b>Please sign and date here.</b></p> <p>At Manulife, we know that confidentiality of personal information is important. Any information you provide to us will be kept in an Affinity Markets Health Benefits file. Access to your information will be limited to:</p> <ul style="list-style-type: none"> <li>• our employees and service representatives in the performance of their jobs;</li> <li>• persons to whom you have granted access; and</li> <li>• persons authorized by law.</li> </ul> <p><b>You have the right</b> to request access to the personal information in your file and, if necessary, correct any inaccurate information. You may request to review the personal information it contains and make corrections by writing to: Chief Privacy Officer, Manulife, PO Box 1602, Del Stn 500-4-A, Waterloo, Ontario N2J 4C6.  A copy of our privacy principles and practices is available for view at <a href="http://manulife.ca">manulife.ca</a>.</p>					
<b>4 Mailing instructions</b>	Please mail your form to the following address: <b>Manulife</b> <b>Affinity Markets Health Claims</b> <b>P.O. Box 670, Stn. Waterloo</b> <b>Waterloo, ON N2J 4B8</b>				
<b>5 Accessibility statement</b>	Manulife is committed to offering products and services to persons with disabilities, in ways that are consistent with the principles of dignity, independence, integration and equal opportunity. Manulife has a core belief that everyone should be treated with courtesy and respect and made to feel welcome. Manulife's accessibility policy allows you to receive this form in alternate formats upon request. Please contact us at <a href="mailto:accessibility@manulife.com">accessibility@manulife.com</a> , or call us at 1-855-891-8671, if you would prefer this document in an alternate format. If you would like more details about accessibility at Manulife, we would encourage you to visit our website at <a href="http://manulife.com/accessibility">manulife.com/accessibility</a> .				