



Personal information we collect from you is kept in strict confidence and will be used to assess your claim and to administer the group benefit plan. All the information I have provided on the form is accurate and complete, to the best of my knowledge, and represents a claim for services rendered to me and/or eligible members of my family. If this claim is being made on behalf of my spouse and/or dependents, I am authorized to disclose information about them for the purposes of assessing and paying a benefit, if any.

If this claim includes an amount under my Health Spending Account, I certify that the amount qualifies as a medical expense for income tax purposes. I also acknowledge that the persons for whom I am making a claim are eligible and include myself, my spouse and any dependents as defined under the Health Spending Account coverage. I understand that should any tax consequences arise from reimbursement of these expenses, I am responsible for payment of such taxes.

I authorize CINUP to collect, use, maintain and disclose personal information relevant to this claim for the purposes of benefit plan administration, assessment, investigation, claim management, underwriting and for determining plan eligibility. The non-exhaustive list of sources from which information can be collected includes medical and health professionals, facilities or providers, insurance companies, or other organizations/persons. This authorization is also valid for the collection, use and communication of personal information concerning my dependents, insofar as applicable to the administration of benefits under this plan. Any copy of this authorization shall be as valid as the original.

Signature of Employee _____ Date _____

INSTRUCTIONS (PLEASE READ CAREFULLY)

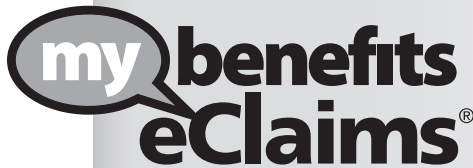
The Dentist completes shaded areas. The Employee completes all other sections. Please ensure all questions are answered or your claim may take longer to process.

Send completed claim form to

CINUP
1051 King Edward Street
Winnipeg, MB R3H 0R4
1-800-665-1234 | Fax 1-800-457-8410

Insuring Company: Desjardins Insurance

Desjardins Insurance refers to Desjardins Financial Security Life Assurance Company



WANT TO GET YOUR CLAIM PAID FASTER?
SUBMIT YOUR CLAIMS ONLINE

- Go to www.my-benefits.ca and register for the Plan member secure site
- Sign up for **DIRECT DEPOSIT**
- Submit claims online and **SAVE TIME, PAPER AND MONEY!**
- Download our app from either Google Play or the Apple Store.

