OTIP Health Claims
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PO Box 218
Waterloo ON N2J 3Z9

1.866.783.6847
www.otipservices.com

Assignment of Benefits

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

PROVIDER INFORMATION (Please Print)

Provider's Name		
Street Address		Unit Number
City/Town	Province	Postal Code
Provider Registration Number	Provider's Signature or Official Stamp	Date *(mm/dd/yyyy)*

PLAN MEMBER INFORMATION (Please Print)

Plan Member's Name		
Street Address		Apt.
City/Town	Province	Postal Code
Plan Number	Identification Number	

AUTHORIZATION

I certify that I, my spouse and/or my dependants of minor or major age ("Dependants"), have received all goods or services claimed and that the information provided for this claim is true and complete. **I authorize** OTIP and its insurer to collect, use, maintain and disclose personal information relevant to this claim ("Information") for the purposes of benefits plan administration, audit and the assessment, investigation and management of this claim ("Purposes"). **I am authorized** by my Dependants to disclose and receive their Information, for the Purposes. **I authorize** any person or organization with Information, including any medical and health professionals, facilities or providers, professional regulatory bodies, any employer, plan administrator, insurer, investigative agency, and any administrators of other benefits programs to collect, use, maintain and exchange this Information with each other and with OTIP, its insurer and their reinsurers and/or service providers, for the Purposes. **I agree** a photocopy or electronic version of this authorization is valid. **I understand** that OTIP's Privacy Policy is available at www.otipservices.com or by request.

Signature of Plan Member

Date *(mm/dd/yyyy)*

Any Information provided to or collected by OTIP in accordance with this authorization, will be kept in a benefits health file. Access to your Information will be limited to:

- OTIP employees, representatives, OTIP's insurer and their reinsurers and service providers in the performance of their jobs;
- Persons to whom you have granted access; and
- Persons authorized by law.

You have the right to request access to the personal information in your file, and, where appropriate, to have any inaccurate information corrected.