



CINUP

## DIRECT DEPOSIT OF HEALTH AND DENTAL BENEFIT PAYMENTS

CINUP is pleased to offer insureds the opportunity to have their health and dental benefit payments paid directly into their bank accounts. Once you authorize this service, we'll deposit benefits directly into the account of your choice, then send you the Explanation of Benefits statement, describing how the amount was calculated.

To register, fill out the *Direct Deposit Authorization* below. Please complete the form and return it to us **with a cheque marked "VOID"** to provide us with the details of your financial institution and the account you wish to use. You can cancel this authorization at any time. If you change financial institutions or accounts, please remember you must re-register and provide a new sample cheque for us to re-direct future benefit payments. You may also register for direct deposit or change your banking information by logging into your account at [my-benefits.ca](http://my-benefits.ca)

If you have questions, feel free to call CINUP Customer Care Centre at 1-800-665-1234.

### DIRECT DEPOSIT AUTHORIZATION

#### INSURED'S INFORMATION

First and Last Name \_\_\_\_\_ Division Number \_\_\_\_\_  
 Full Mailing Address \_\_\_\_\_ Certificate Number \_\_\_\_\_  
 Home Mailing Address \_\_\_\_\_ Phone # (Home) \_\_\_\_\_  
 City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_ Phone # (Work) \_\_\_\_\_

### REQUEST FOR DIRECT DEPOSIT OF EXTENDED HEALTH AND DENTAL CLAIMS

I hereby authorize CINUP to deposit my benefit payments, through the DIRECT DEPOSIT system, into my account at the financial institution indicated below:

**PLEASE ATTACH A SAMPLE CHEQUE, MARKED "VOID"**  
 (If you do not have cheques, please provide a statement or letter from your bank which shows the bank name, bank number, transit/branch number and account number.)

Any deposits entered into this account in accordance with this authorization will be identified as "CINUP Group Benefits" and I acknowledge that such deposits shall constitute an amount paid in accordance with this authorization.

This authorization will become effective as of \_\_\_\_\_

Signature of \_\_\_\_\_ Date \_\_\_\_\_

You can cancel this authorization at any time by writing to CINUP. Return the completed form to:

**Direct Deposit Clerk**  
**CINUP Group Benefits, 582 King Edward Street, Winnipeg, Manitoba R3H 0P1**  
**Telephone 1-800-665-1234 | FAX 1-877-786-3889**  
**Email [eebenefits@cinup.com](mailto:eebenefits@cinup.com)**