Experience the Benefits of People Sirius Benefits is a People Corporation Company

## Go green with Sirius Benefits

Save time and money - enjoy the convenience of electronic billing and automated premium payment.

## Electronic billing

Our electronic billing option offers an efficient alternative to getting premium statements in the mail. Sign up to receive and enjoy:

- The convenience of receiving premium statements by secure email
- Easy to access billing statements that you can save and access any time.

To sign up, complete the attached form and return it to Sirius Benefits. This is a:
$\square$ New request
$\square$ Email update

| Firm name | Firm no. |
| :--- | :--- |
| Email account to be registered for receipt of electronic billings |  |
| Name of authorized representative | Date signed (DD/MM/YYYY) |
| Signature of authorized representative |  |

## Pre-authorized debit

A practical alternative to writing monthly premium cheques. Sign up for automated premium payment to have your premium payments automatically debited from your bank account each month.

- No more writing or mailing cheques.
- Payments are always made on time.

Complete this form, attach a voided cheque, and submit to Sirius Benefits.
$\square$ New request
$\square$ Account update
I/We hereby authorize Sirius Benefits to deduct our group insurance premium from the following account on the first of every month.

| Firm name | Firm no. |
| :--- | :--- | :--- |
| Name of authorized representative | Date signed (DD/MM/YYYY) |
| Signature of authorized representative |  |

The account you choose must have chequing privileges. To ensure your account information is accurately recorded, please attach a cheque marked Void, or a photocopy of a cheque.
Using our electronic billing and pre-authorized billing features saves you time and money. Plus, it's greener you're helping to reduce paper use and fuel emissions.

## Request for <br> electronic billing and automated premium payment

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To use pre-authorized debit, you must agree to all the terms of this authorization. By signing below as payor, you agree to the following:
Sirius Benefits is authorized to make monthly withdrawals from the account noted on this form. The funds withdrawn will pay for the monthly premium including taxes for the group policy issued by Sirius Benefits to the group policyholder. The premium due will be the amount stated in your monthly premium statement.

## Variable PAD amounts

You understand your monthly PAD withdrawals will be variable amounts due to the administrative adjustments that may be processed and reflected on your monthly premium statement.

## Timing of payment

Your monthly PAD withdrawals will be processed on the first business day of each month.

## Waiver

You agree to waive the requirement that the company notify you of:

- this authorization before the first payment is processed
- subsequent payments, and
- any changes to the amount or date of the payment initiated by you or the company.


## Recourse/Reimbursement

You have certain recourse rights if any debit does not comply with this agreement. For example, you have the right to receive reimbursement for any debit that is not authorized or is not consistent with this pre-authorized agreement. To obtain more information on your recourse rights, contact your financial institution or visit www.cdnpay.ca.

## Cancellation

Your PAD agreement can be cancelled at any time provided written notice is received at least 30 days before the next scheduled PAD.

## Assignment

You agree the company may not assign this authorization to another company or person to permit them to debit your account for these payments (for example where there has been a change in control of the company) without providing at least 10 days prior written notice to you.

I/We confirm that all persons whose signatures are required to authorize bank withdrawals have signed below:

| Company name on cheque |  |
| :--- | :--- |
| Signature(s) of Account Holder(s) | Date (DD-MM-YYYY) |
| Signature of joint Account Holder (if applicable) | Date (DD-MM-YYYY) |

