

Authorization

I, the undersigned, _____,

authorize the Régie de l'assurance maladie du Québec (RAMQ) to release to Humania Assurance situated at 1555, Girouard Street West, Saint-Hyacinthe, Quebec J2S 2Z6 (to the attention of the Claim Department), the names of the health professionals who rendered to me services paid for by the Régie, the amounts the Régie paid them for the services and the dates on which the services were rendered for the

period from _____ to _____.

The released information is required by Humania Assurance to exercise my rights and interest as the policyholder of a policy detained with that company.

I declare that I am aware of the purpose for which this information will be used by the above-named person, and therefore give my informed consent to its disclosure.

This authorization is valid for: an unlimited time

A photocopy of this authorisation is as valid as the original.

Number of your RAMQ card: Date of birth:
year / month / day

Signature: _____ Date:
year / month / day

Humania Assurance Inc., 1555 Girouard Street West, Saint-Hyacinthe, Quebec J2S 2Z6