



Sign up
for direct
deposit

canada **life**™

Get your reimbursement faster

With direct deposit, anytime you make a claim, we'll automatically deposit your reimbursement into your bank account.

It's that simple!

There are 2 ways to sign up:

Sign up online

Step 1 – Sign in to your PSHCP Member Services account.

Step 2 – Go to Your profile and select Banking.

Step 3 – Provide your banking information.

Mail the paper form

Print the form from the PSHCP Member Services website and follow these steps:

Step 1 – Complete the Direct deposit authorization form.

Step 2 – If you'd like deposits made to your bank account, include a cheque marked "VOID".

Step 3 – Mail the form to us using the address below.

Mail to:
The Canada Life Assurance Company
PSHCP Positive Enrolment
PO Box 6000
Winnipeg MB R3C 3A5

Questions?

If you have any questions, call the PSHCP Member Contact Centre at 1-855-415-4414, Monday to Friday from 8 am to 5 pm, your local time.

Direct deposit authorization

Plan name: Public Service Health Care Plan Plan number: _____

Plan member name: _____
Last First Middle initial

Certificate number: _____

Name of Canadian financial institution: _____

Transit number: _____ Institution number: _____

Account number: _____

Consult your financial institution for the proper ID numbers or include a cheque marked "VOID".

Authorizations and declarations

I authorize:

- Canada Life to deposit all claim payments directly to the account indicated above.
- Canada Life, my financial institution, my plan administrator, other insurance or reinsurance companies, administrators of government benefits or other benefits programs, other organizations, or service providers working with Canada Life to exchange personal information, when necessary to administer the plan.

I agree that a photocopy or electronic copy of this form is as valid as the original.

I certify that the information given is true, correct and complete to the best of my knowledge.

For Québec applicants: I request that this form be in French.

Je demande que ce formulaire me soit remis en français.

Plan member signature: _____ Date: _____

We need your signature to set up the direct deposit.