gpm group benefits

250-2 Place Laval, Laval, QC H7N 5N6
T 450.667.7737 | info@gpm.ca | **gpm.ca**

Group No. of the Principal

GPM User ID of the Principal

INSTRUCTIONS

1. **COMPLETE THE FORM.** Please ensure that all relevant sections are duly completed.
2. **SUBMISSION.** Send the completed form by email to the address corresponding to your status for initial validation:
   Members: info@gpm.ca. **Brokers or Clients:** coordo@gpm.ca
3. **AFTER THE VALIDATION CALL, SEND THE ORIGINAL FORM SIGNED BY HAND VIA MAIL TO:**
   250-2 Place Laval, Laval QC H7N 5N6. **Members:** Address to the "Member Services Department." **Brokers or Clients:** Address to the "Client Services Department."

IMPORTANT : INFORMATION À L'INTENTION DU MANDANT ET DU MANDATAIRE

Definition and Responsibility of the "Principal":
The "Principal" is an individual member of the group plan who is considered the direct holder of their insurance contract within the collective structure. By signing this authorization, the Principal acknowledges full responsibility for the actions undertaken by the "Agent" on their behalf.

Definition and Responsibility of the "Agent":
A person or entity who receives a mandate (authorization) to act on behalf of the Principal in the context of administration, management, or communication with the insurer under a group plan. The "Agent" acts under the powers entrusted to them by the Principal.

Confidentiality:
As part of the validation of this authorization, a video call is required to verify the identity of both the Principal and the Agent. This call will be conducted in accordance with our Privacy Policy.

Collection of Personal Information:
Information from your government-issued photo identification (e.g., health insurance card, driver's license) **will be reviewed solely for verification purposes**. This information will neither be recorded nor stored.

Handwritten Signature:
The form **must be printed and signed by hand by the Principal during the video call for validation**. This step is essential to ensure the authenticity of the signatures.

Validity Period:
Please be advised that this document is valid for a maximum of one year, unless revoked by the Principal.

RELEASE OF LIABILITY

En signant cet acte de procuration le membre, ici identifié comme le « Mandant », libère entièrement GPM régimes collectifs de toute responsabilité pour tout ce qui découle des actions entreprises par le Mandataire, incluant toute fausse déclaration de la part du Mandant ou du Mandataire.

DESCRIPTION OF THE MANDATE BY THE PRINCIPAL

Please specify the exact scope of the Mandate, detailing what the Agent is authorized to do on behalf of the Principal.

Group No. of the Principal

GPM User ID of the Principal

DECLARATION AND AUTHORIZATION OF THE PRINCIPAL

◯ I have read and accept these terms.

I, the undersigned, the "Principal':

Family Name(s)

Given Name(s)

Date of Birth (d/m/yyyy)

authorize the following "Agent" to act within the scope of the Mandate with GPM Group Benefits.

Family Name(s)

Given Name(s)

Date of Birth (d/m/yyyy)

This power of attorney is valid for a maximum of one year. For a shorter duration, please specify the intended period.

Start Date (d/m/yyyy)

End Date (d/m/yyyy)

SIGNATURE OF THE PRINCIPAL

Date (d/m/yyyy)

DECLARATION AND AUTHORIZATION OF THE AGENT

◯ I have read and agree to comply with the scope and duration of the Mandate entrusted to me.

SIGNATURE OF THE AGENT

Date (d/m/yyyy)

POWER OF ATTORNEY REVOCATION FORM

For any revocation of this power of attorney, please complete the following section and send it to the address mentioned on page 1.

I, the undersigned, the "Principal':

Family Name(s)

Given Name(s)

Date of Birth (d/m/yyyy)

hereby declare the revocation of the power of attorney granted to:

Family Name(s)

Given Name(s)

Date of Birth (d/m/yyyy)

Revocation Date (d/m/yyyy)

SIGNATURE OF THE PRINCIPAL

Date (d/m/yyyy)