

Power of Attorney

I THE UNDERSIGNED _____

(BLOCK LETTERS)

EMPOWER (_____):

1. To submit to the Regie de l'assurance-maladie du Quebec(the Regie), in accordance with the laws and regulations applied by the Regie, my claims for insured medical and hospital services which I, my spouse or my children received (family insurance) in

_____ (location)

during our stay from _____ to _____

(DATE)

(DATE)

Family Insurance: For the purpose of family insurance. This Power of Attorney applies only to me, my spouse and my children listed below:

Spouse : _____ H.I.N. _____

Children : _____ H.I.N. _____

Children : _____ H.I.N. _____

2. To transmit to, and receive from, the Regie all information and documents required for the assessment and payment of said claims.
3. To receive from Regie all amounts reimbursed and due to me, my spouse or my children (family insurance).

I AUTHORIZE the Regie to accept the claims so submitted, to act in accordance with this power of Attorney as specified and to transmit to the Company any information it may request concerning the beneficiary status of myself, my spouse or my children.

Beneficiary's signature

Beneficiary's Health Insurance Number