



## Merit Contractors Association Benefit Plan Assignment of Benefits Form

This form is to be used when a Merit Contractors Association Benefit Plan participant wishes to assign payment of their Extended Health Care or Dental claim to the service provider. To do so, ***you must have the service provider's consent.***

***Please complete this form and attach the original directly to the claim form. You must complete this form each time you wish to assign payment of your benefit claim.***

Merit Plan Member's Last Name

Merit Plan Member's First Name

\_\_\_\_\_

\_\_\_\_\_

Merit Plan Member's ID Number

Merit Plan Member's Phone Number

\_\_\_\_\_

\_\_\_\_\_

I, \_\_\_\_\_, assign benefits from the attached claim to be  
(plan member's name)

payable to \_\_\_\_\_  
(the provider of service)

Date: \_\_\_\_\_

Member's  
Signature: \_\_\_\_\_

Send the completed original copy of this form, along with a completed claim form and invoice to:

**Great-West Life  
Winnipeg Benefit Payments  
P.O. Box 3050  
Winnipeg, MB R3C 0E6**

*For assistance, please contact Mercon Benefit Services.*