



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 Merit Mercon Benefits.