

# Group Benefit Plan Premium Authorization Agreement

To: SmartChoice Benefits Inc.  
25 North Rivermede Road, Unit 19  
Concord, Ontario  
L4K 5V4

This letter will serve as an Agreement between \_\_\_\_\_ hereby called the "Payer" and SmartChoice Benefits hereby called the "Payee". The purpose of this agreement is to facilitate payment of the monthly premium for SmartChoice Benefits for Owner/Operators under the following terms and conditions.

This letter hereby authorizes its Bank,

**Financial Institution:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Branch #** \_\_\_\_\_ **Transit #** \_\_\_\_\_ **Account #** \_\_\_\_\_  
**To Pay \$** \_\_\_\_\_ **as of the 1st of each month starting** \_\_\_\_\_  
Month Year

To Canadian Imperial Bank of Commerce (CIBC), being SmartChoice Benefits Inc.'s Bank, for credit to a SmartChoice Benefits designated account.

The Payer acknowledges that the monthly premiums may increase or decrease each year upon renewal. This Agreement hereby authorizes SmartChoice Benefits to increase/decrease the monthly premiums accordingly provided that SmartChoice Benefits notifies the Payer of any changes in monthly premiums at least (30) days prior to any rate changes becoming effective. The Payer hereby encloses a sample cheque marked "VOID" of the account to be debited.

The Payer hereby warrants that all persons whose signatures are required to sign this account have signed this Agreement below and that all persons executing this Agreement are duly authorized signing officers of the Payer and are empowered to enter into such an Agreement. It is fully understood and acknowledged that the authorization provided by this Agreement will remain in full force and effect until written notice of revocation is received by SmartChoice Benefits at least (30) days prior to the date of cancellation.

The Payer fully understands and acknowledges that Your Employer is not a party to the Group Benefit Plan or this Agreement in any way whatsoever.

In the event that a payment is not honoured by the Payer's bank, then the Payer may restore the coverage by forwarding a certified cheque for the returned amount along with a reasonable service charge as set by SmartChoice Benefits Inc.

**Accepted by Payer:**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

Date \_\_\_\_\_

**Payee:**

SMARTCHOICE BENEFITS INC

\_\_\_\_\_  
Date \_\_\_\_\_