



Sun Life Assurance Company of Canada
 Administrator for OMA Insurance
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OMA Annual Premium Refund – Direct Deposit Form

This form is a request to receive the Annual Premium Refund through Direct Deposit. This request will not affect any existing, or future, premium payment related authorizations.

General Information			
Insured's First Name	Middle Initial	Last Name	Reference #
Email Address (please print clearly)*			

* Email address information will only be used to send notification that your refund has been deposited (no personal information will be disclosed in this email) and is a mandatory field.

You agree to allow the OMA to post the Annual Premium Refund details to a password-protected online statement for your reference.

Banking Authorization

This authorization means that the OMA Insurance/Group Plan Administrator can deposit the Annual Premium Refund (including applicable provincial tax), for any eligible insurance coverage through electronic funds transfer (EFT) to the account referenced on your enclosed blank cheque marked void.

This agreement will be cancelled if the OMA Insurance/Group Plan Administrator is unable to credit your account; subsequently any annual premium refund will be issued as a cheque payment until new account information and authorization is provided.

This authorization is to remain in effect until the OMA Insurance/Group Plan Administrator has received written notice from you of its change or termination. This includes changes to banking information or a request to terminate the option. Any changes received after November 1st will be applied to the following year's Annual Premium Refund.

The payee is committed to refund to the Ontario Medical Association any payments made to his/her account that are not contractually due.

Account Holder(s)	
Name of account holder (please print)	Date signed (dd-mm-yyyy)
Signature of account holder (if business, authorized person to sign and indicate your title) x	
Signature of joint account holder (if both signatures required) x	Date signed (dd-mm-yyyy)

SL CODE 914

*** Please attach a blank cheque from a Canadian Financial Institution marked VOID**