

## **Enjoy the convenience of direct deposit for your Annual Premium Refund!**

### **Why Direct Deposit?**

If you choose to have your Annual Premium Refund automatically deposited in your bank account, you will be able to:

- Have fast and easy access to your funds
- View your premium refund details online – no more waiting for a mailed statement
- Avoid taking trips to the bank

### **Who may qualify for the Annual Premium Refund?**

OMA members who are policyholders of Life Insurance (plans 3900, 29500), Disability Insurance (plans 2718, 59997, 17849) and Professional Overhead Expense Insurance (plans 20638, 20647) may qualify for the annual premium refund.

### **Follow the three steps below to have your Annual Premium Refund deposited into your bank account:**

1. Complete the form below on page 2, “OMA Annual Premium Refund – Direct Deposit Form.”
2. Attach a cheque marked **VOID** from a Canadian banking Institution.
3. Send your completed form and cheque via fax to 1.800.367.0813, or by mail:

**OMA Insurance  
PO Box 365  
STN. Waterloo  
Waterloo, ON N2J 4A4**

**Please note:** If any of your eligible policies are corporately owned, you will continue to receive your annual premium refund by cheque. There is no need to complete this form.

For more information about this offer, please contact us at 1.800.758.1641 (option 2).



Sun Life Assurance Company of Canada  
 Administrator for OMA Insurance  
 PO Box 365, STN Waterloo  
 Waterloo ON N2J 4A4  
 Fax: 416.595.9528  
 E-mail: info@omainsurance.com  
 Web: www.OMAINsurance.com

### 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 1<sup>st</sup> 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**