Sample of letter of authorization to remit claim payments to a third party

# Date

**From:**

# Name of CAIP member

Complete Address

Phone number

e-mail address

**To:**

SSQ Insurance Company Inc.

1225, rue St-Charles

Bureau 200

Longueuil, Québec

J4K 0B9

## Re: Canadian Athlete Insurance Program ( CAIP ) Policy no. 1PA25

I hereby authorize SSQ Insurance Company to remit my claim payment to:

( Name, complete address ) and if available phone number and e-mail address

Sincerely,

( signature )