

HEALTH CLAIMS FOR AUTO INSURANCE PROCESSING

APPLICATION FOR MEMBERSHIP

FROM: _____
Name of Insurance Company, in full

DATE: _____

TO: The Secretary
Health Claims For Auto Insurance Processing
777 Bay Street, Suite 2400
Toronto, Ontario M5G 2C8

The undersigned hereby applies for membership in Health Claims for Auto Insurance Processing for Membership as set out above. The undersigned acknowledges having received a copy of the General By-Law of Health Claims for Auto Insurance Processing and agrees that in consideration of being accepted into Membership, it will conform to and abide by the terms and conditions thereof.

The address of the undersigned's Head Office in Canada is:

The Chief Executive Officer, or the Chief Agent for Canada is:

Phone

Fax

e-mail

Name of Applicant (please print)

Signature of Official

Title