



Health Claims for Auto Insurance

**PROCESSING**

# Health Claims for Auto Insurance Processing

## Application for Membership

Date: \_\_\_\_\_

From (Insurance Company Name, in full): \_\_\_\_\_

To: Health Claims for Auto Insurance Processing  
2235 Sheppard Ave. E, Suite 600  
Toronto, ON M2J 5B5 Fax: 416-644-3139

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:**

Street Address: \_\_\_\_\_

City/Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_

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

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Name of Applicant (please print): \_\_\_\_\_

Signature of Official: \_\_\_\_\_

Title: \_\_\_\_\_