



Health Claims for Auto Insurance

Insurer Name or Address Change Request

Health Claims for Auto Insurance Processing
2235 Sheppard Avenue East, Atria II, Suite 600,
Toronto, Ontario, M2J 5B5

insurersupport@hcaiinfo.ca Fax.: 416 497 6505

Complete the information below for the Insurer, whose name and/or address has been changed. If you are advising of the change of name of more than one company, please complete and submit a separate document for each.

Once complete, either scan and email or fax this form to Health Claims for Auto Insurance Processing (HCAI Processing) to 416-497-6505. You may also mail this form to HCAI Processing at the address shown above.

Fields marked by an asterisk (*) must be completed.

Existing Information

- *Insurer Name (as registered)
- *Insurer Address (as registered)
- * IBC Reporting Number

New Information

- **New Insurer Name
- **New Insurer Address

Signature of Authorizing Officer

Name:

Title:

Date:

Signature: _____

By signing this document, I agree on behalf of the Company to the provisions set out in the HCAI enrolment document and the HCAI Insurer Terms and Conditions as amended from time to time in accordance with its terms (the current version of which will be set out at <http://www.hcaiinfo.ca>). I represent that I am authorized to bind the Company.

Next Steps

When HCAI Insurer Support has processed this document, a communication will be sent to the Insurer with instructions on completing the name and/or address change in the HCAI system.

Note: Changing the name and/or address impacts all future transactions in HCAI while leaving historic transactions untouched.