Desjardins Insurance
Life • Health • Retirement

Case postale 3800
Lévis (Québec) G6V 0S1
www.desjardinslifeinsurance.com/send
1-800-278-0669

Individual Insurance

Reimbursement agreement for disability benefits overpaid by the insurer

Contract number

A. Identification

Last name of disabled person	First name		Date of birth (YYYY-MM-DD)
Address – No., street, apt.	City	Province	Postal code

10-digit phone number

Home: Work: Extension:

B. Reimbursement agreement

I agree to reimburse Desjardins Insurance any disability benefits it overpaid me further to the approval of a claim, submitted to one or more of the following organizations, according to the provisions of the individual insurance policy:

- benefit payable under any workers compensation legislation;
- benefit payable under any occupational disease legislation;
- benefit payable under any automobile insurance legislation;
- benefit payable under any retirement pensions, survivor benefits and benefits paid to a disabled contributor's children;
- benefit payable by any other government board or agency or under any law;
- maternity or parental benefit payable under any other government plan or program.

Upon receipt of a payment from one of the above-mentioned organizations, I will reimburse the overpaid amount to the insurer.

Moreover, in the event of death, I authorize Desjardins Insurance to deduct any overpaid amount from my life insurance benefit.

It is understood that a rejection notice from one of the above-mentioned organizations releases me from any obligation under the reimbursement agreement, provided that I have requested a review of the file further to the first rejection and have provided a photocopy of the rejection notice. A photocopy of this agreement is as valid as the original.

X _____ _____
Signature of disabled person Date (YYYY-MM-DD)

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