



The **EQUITABLE LIFE** insurance company
OF CANADA
One Westmount Road North • PO Box 1603 Stn Waterloo
Waterloo Ontario N2J 4C7
tel. no: (519) 886-5110 fax no: (519) 883-7403

REQUEST FOR REPLACEMENT OF LOST/STOLEN PAY-DIRECT DRUG CARD

FAX TO: Equitable Life of Canada, Group Account Service Department..... 1-519-883-7403
or
MAIL TO: Attention: Group Account Service Department (*use address above*)

PLEASE PROVIDE THE FOLLOWING INFORMATION:

1. *Employer Authorization*

Request Date: _____

Authorized Signature: _____

Title: _____

(I understand we will be billed \$5.00 per replacement card on our next monthly billing.)

2. *Policyholder Details*

Policyholder (*Company Name*): _____

Policy Number: _____

3. *Cardholder Details*

Employee's Name (*first, middle initial, last*): _____

Certificate Number: _____

Class: _____ Division: _____

Date of Birth (*day, month, year*): _____

Replacement for: Employee _____

Dependent _____

If card is for a dependent, please provide full name and birthdate:

Name (*first, middle initial, last*): _____

Birthdate (*day, month, year*): _____