

REPLACEMENT CHEQUE DECLARATION

| Part A – Cheque Information (Completed by ECG) | | | |
|--|-----------------------|--|--|
| <i>Cheque #:</i> | <i>Payee:</i> | <i>Member (if different from payee):</i> | |
| <i>Amount:</i> | <i>Date of Issue:</i> | <i>SIN / Certificate #:</i> | <i>Group/Fund Name:</i> |
| <i>Reason:</i> | | <i>Coverage:</i> | <i>Claimant:</i> |
| <input type="checkbox"/> Lost/Stolen <input type="checkbox"/> Change of Address <input type="checkbox"/> Other _____ | | <input type="checkbox"/> Drug <input type="checkbox"/> Major Medical <input type="checkbox"/> Hospital <input type="checkbox"/> Vision <input type="checkbox"/> Dental <input type="checkbox"/> Health Spending Account (H.S.A.) <input type="checkbox"/> Weekly Indemnity <input type="checkbox"/> Pension | <input type="checkbox"/> Member <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent |

| Part B – Member Declarant (Completed by Payee) | | | |
|--|------------------|---------------------|-----------------|
| <i>Payee Address:</i> | | | <i>Phone #:</i> |
| <i>City:</i> | <i>Province:</i> | <i>Postal Code:</i> | <i>Email:</i> |

I, _____ do solemnly declare that the information stated above is true. I further declare that I have not received the proceeds of this documentation either directly or indirectly nor have I received value of any kind in Lieu thereof.

Upon completion of this declaration ECG agrees to place a stop payment on the above stated cheque and issue a replacement cheque. Should the above stated cheque be located it should be voided by the declarant and returned to the following address.

Attention: Call Center
 Ellement Consulting Group
 10154 - 108 St NW
 Edmonton, AB T5J 1L3
 Phone: 1 (800)-770-2998 | Email: contact.us@ellement.ca | Fax: (780) 452-5388

If the stop payment placed by Ellement Consulting Group is too late and the cheque has already been paid to the declarant, the declarant will refund the amount paid.

| | |
|------------------------|------|
| Declarant Signature | Date |
| Declarant Name (Print) | |