HUMANIA ASSURANCE MD®

Authorization for Email Communication

Authorization

I, the undersigned, , policyholder or applicant for insurance policy no.: ,

I, hereby authorize **Humania Assurance** to communicate with me by email at the following address: .

This authorization applies to communications related to the administration of my policy, including but not limited to:

- The sending of administrative documents or notices;
- Follow-ups regarding requests, payments, or renewals.

Important Notice

I understand that sending personal information by email involves certain risks, including interception or unauthorized access. Although reasonable measures are in place by **Humania Assurance**, I acknowledge that the full confidentiality of email communications cannot be guaranteed.

This authorization remains valid until I revoke it in writing.

Signed at: Date:

Signature:

Full Name :

Email Address:

Humania Assurance Inc., 1555 Girouard Street West, Saint-Hyacinthe, Quebec J2S 2Z6

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