

ACCIFAMILY

2008-2009 APPLICATION FORM

APPLICANT

LAST NAME:	
FIRST NAME:	
ADDRESS:	
APT.:	
CITY:	
PROVINCE:	POSTAL CODE:
HOME TEL.:	OFFICE TEL.:

I hereby request that the above-mentioned individuals be covered under the Industrial Alliance Insurance and Financial Services Inc. ACCIFAMILY Plan.

I authorize healthcare professionals as well as any public or private health or social services establishment, insurance company and any other public or private organization with personal information on the individuals listed above, particularly medical information, to provide and exchange this information with Industrial Alliance Insurance and Financial Services Inc. and its reinsurers for the investigation necessary for the study of any claim.

In the event of death, the beneficiary, heir or executor of my estate is expressly authorized to provide Industrial Alliance Insurance and Financial Services Inc. with any information and authorization needed to study any claim or to obtain the required justifications.

This authorization is valid for the purposes of this contract and a photocopy of this authorization shall be as valid as the original.

I further authorize Industrial Alliance Insurance and Financial Services Inc. to collect the premium required to issue the present ACCIFAMILY contract and, at the time of renewal, to collect the required premium via PAC or credit card. I authorize Industrial Alliance Insurance and Financial Services Inc. to exchange personal information with my financial institution in order to execute the terms of the present agreement and, if necessary, to obtain my new mailing address in the event that I move. I understand that certain administrative fees may become payable for any payment that is withheld.

Applicant's signature	Date
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Your contract will be mailed to you after the Company has received the application and the premium has been paid in full.

Only persons living in Canada on a permanent basis are eligible for coverage under the ACCIFAMILY Plan.

PERSONS TO BE INSURED

LAST NAME	FIRST NAME	DATE OF BIRTH			SEX FEM. MALE	PREMIUMS
		Y	M	D		
						\$ _____
						\$ _____
						\$ _____
						\$ _____
						\$ _____

METHOD OF PAYMENT (Do not send cash)



Amount: \$ _____

Credit card no.	Expiry date
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or

PRE-AUTHORIZED CHEQUE (PAC), I.E., DIRECT DEBIT.

Name of financial institution: _____

BANKING INFORMATION

Branch no. Institution no. Account no. (the number of digits can vary from one financial institution to the next)

IMPORTANT - ATTACH A CHEQUE SPECIMEN MARKED "VOID"

Your contract will be automatically renewed on the expiry date unless we receive a prior written request asking not to do so. In this way, your insurance coverage will not be interrupted and you are not required to fill out and return any documents; we do it all for you! You will receive a renewal notice 30 days prior to the contract's expiry date indicating the amount of the premium and the date upon which this sum will be billed to your account. To make any corrections or modifications to your contract information, just call us at 1 888 266-ACCI (2224).

Application no.

OPTION	and	PROTECTION PERIOD	
1. BASIC Plan		1 year	2 years
2. MACCIMUM Plan		1 year	2 years

SUBTOTAL:

10% DISCOUNT if you insure four or more people under the same contract with the same option and the same protection period:

\$ _____
\$ _____
\$ _____
TOTAL: \$ _____

1 and 2 Year Premiums

2008-2009

Age	BASIC Plan				MACCIMUM Plan			
	1 year		2 years		1 year		2 years	
	FEM.	MALE	FEM.	MALE	FEM.	MALE	FEM.	MALE
15 days to 4 years	\$5.25	\$6.50	\$9.50	\$11.50	\$10.50	\$13.00	\$19.00	\$23.00
5 to 11 years	\$6.50	\$9.00	\$11.50	\$16.00	\$13.00	\$18.00	\$23.00	\$32.00
12 to 17 years	\$9.50	\$16.50	\$17.00	\$29.50	\$19.00	\$33.00	\$34.00	\$59.00
18 to 24 years	\$13.50	\$26.25	\$24.00	\$47.00	\$27.00	\$52.50	\$48.00	\$94.00
25 to 75 years	\$16.00	\$26.25	\$29.00	\$47.00	\$32.00	\$52.50	\$58.00	\$94.00

10% DISCOUNT

**if you insure four or more people under the same contract
with the same option and the same protection period.**