

NovaHealth, Critical Illness Insurance Enrollment Form

✓ Yes! I (we) want to enroll for NovaHealth, Critical Illness Insurance.

PLEASE COMPLETE THE SECTION BELOW

1. PERSONAL INFORMATION *(To be eligible, you must be between 18 and 59 years of age and a Canadian resident)*

You	YOUR SPOUSE (IF ENROLLING)
First name, Last name: «Prenom»«Nom» _____	First name, Last name: _____
Address, Street: «AppNo_Civique» «Rue» _____	Address, Street: _____
City: «Ville» _____	City: _____
Province: «Province» Postal Code: «Code Postal» _____	Province: _____ Postal Code: _____
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth: _____	Date of Birth: _____
Telephone No. (home): _____	Telephone No. (home): _____
Telephone No. (work): _____	Telephone No. (work): _____

PLEASE COMPLETE SECTIONS 2 TO 5

2. CHOOSE YOUR COVERAGE. TICK ONE OPTION FOR EACH INSURED *(Maximum of \$50,000 per insured)*

You	YOUR SPOUSE (IF ENROLLING)
<input type="checkbox"/> \$50,000 <input type="checkbox"/> \$25,000	<input type="checkbox"/> \$50,000 <input type="checkbox"/> \$25,000

3. USE OF TOBACCO

You	YOUR SPOUSE (IF ENROLLING)
Have you used tobacco and/or nicotine and/or marijuana and/or any type of nicotine replacement products during the past 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you used tobacco and/or nicotine and/or marijuana and/or any type of nicotine replacement products during the past 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No

4. DECLARATION – PLEASE SIGN AND DATE THIS SECTION

I certify that I have never received a diagnosis or positive results for a *Critical Illness covered* or any of the following disorders: HIV (Human Immunodeficiency Virus), cancer, hepatitis, heart attack, coronary disease, diabetes, transient ischemic attack, permanent paralysis, chronic kidney disease.

I certify that no more than one member of my immediate family (father, mother or siblings) has been diagnosed with a coronary disease, stroke or cancer or heart attack before age of 60 years old.

I declare that I have never applied for *Critical Illness insurance* from an insurer and been denied coverage.

I understand that the policy will be determined on the basis of my age, sex and use of tobacco.

I agree to be bound by all the provisions of the insurance policy.

I certify that all information provided herein is true and agree that it will be an integral part of the policy.

I understand that any omission or misrepresentation could automatically lead to my insurance being cancelled.

I acknowledge that my coverage will begin on the date the Insurer receives my duly completed enrollment form.

I acknowledge having read and understood all the "Exclusions and Restrictions" concerning this insurance coverage on page 2 of this enrollment form.

I declare having read the "Access to Personal Information" notice on page 2 of this enrollment form.

I understand that my insurance policy, confirming the coverage chosen, will be sent to me soon.

I authorize the Insurer to include my name, address and telephone number in its registered client list, which it or any other person to whom it agrees to communicate the list can canvas for commercial or philanthropic purposes, while reserving the right to cancel this authorization at any time, by informing the Insurer either verbally or in writing. I undertake to inform you as soon as possible of any change in my personal information so that you can update your files.

I authorize the Insurer to debit each month from the account indicated on page 2, all amounts payable with respect to the insurance premium under this application.

PRE-AUTHORIZED DEBIT APPLICATION - PAYOR'S PERSONAL PAD AGREEMENT PERSONAL BUSINESS

Withdrawal authorization (frequency and amount of debits): I, the undersigned, authorize the Insurer, its successors, potential transferees or assigns, to carry out, effective immediately, personal pre-authorized debits (PADs) on my account held at the financial institution designated below, on a monthly basis starting with the payment of the initial premium. The date of payment of the initial premium will be indicated in the Summary of Coverage which I will receive when the insurance policy is mailed, subject to approval of my application by the Insurer. Each withdrawal corresponds to a fixed amount which can be modified, in particular should the withdrawal of the initial premium not be accepted, provided the Insurer sends me a written notice at least 10 days before the deadline of the modified withdrawal.

Waiver: I waive any other confirmation before the first payment and I waive my right to receive notification should the amount of the withdrawal change.

Change or cancellation: I agree to notify the Insurer, at least five days before the next scheduled withdrawal, of any changes to the bank account information or to the date of payment. I also authorize the Insurer to make withdrawals on another account, following my verbal or written instructions. In the case of a joint account, the expression "I" used in this agreement refers to all signatories.

This authorization remains in effect until the Insurer receives notification of any changes or cancellation by me. I may revoke my authorization at any time, subject to providing 30 days notice. I may obtain a sample cancellation form, or further information on my right to cancel a PAD Agreement, at my financial institution or by visiting the Canadian Payments Association website at www.cdnpay.ca. I release the Institution from any liability if the revocation is not respected, except in the case of gross negligence on its part.

Reimbursement: I have certain recourse rights if a debit does not comply with this agreement. For example, I have the right to receive reimbursement for any debit that is not authorized or is not consistent with this Personal PAD Agreement. For more information on my recourse rights, I may contact my financial institution or visit www.cdnpay.ca.

Consent to the disclosure of information: I agree and understand that the information contained in my pre-authorized debit application will be disclosed to the financial institution, to the extent that such disclosure is directly related to and necessary for the proper application of regulations related to pre-authorized debits.

5. PAYMENT AUTHORIZATION AND INFORMATION ABOUT THE ACCOUNT

<input type="checkbox"/> PRE-AUTHORIZED CHEQUING		<input type="checkbox"/> NATIONAL BANK MASTERCARD ACCOUNT	
Name of the Financial Institution where the account is held		5258 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Institution No. <input type="text"/> <input type="text"/> <input type="text"/> Transit <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		Card No.	
Account No. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
(Branch address)		<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	
Important: Attach a personal cheque marked "VOID" to avoid any transcription errors.		Expiry date	
PAYEE			
National Bank Life Insurance Company		1100 University, 5th Floor, Montreal, Quebec, H3B 2G7 Telephone: 1 877 871-7500 Fax: 514-396-6604	

SIGNATURE			
Client's Signature:	Date: DD / MM / YYYY	Spouse's Signature: (if enrolling)	Date: DD / MM / YYYY

DEFINITIONS

Moratorium Period: designates the period during which any of the Critical Illnesses, whether covered or excluded, is diagnosed or during which the Insured shows signs, symptoms or has examinations that lead to a diagnosis after this period, whether this Critical Illness is covered or excluded under this Policy. The 365-day Moratorium Period starts on the later of the following dates:

- the effective date of the Policy, or
- the effective date of last reinstatement of the Policy.

No benefits will be payable if the illness is diagnosed during this period or if the Insured shows signs, symptoms or has examinations during this period that lead to a diagnosis, regardless of the date of this diagnosis.

Survival Period: designates the period starting on the date of diagnosis and ending 30 days following the date of the diagnosis. The Survival Period does not include the number of days on Life Support. Life Support means the Insured is under the regular care of a licensed physician for nutritional, respiratory and/or cardiovascular support when irreversible cessation of all functions of the brain has occurred. The Insured must be alive at the end of the Survival Period and must not have experienced irreversible cessation of all functions of the brain.

No benefits will be payable if the Insured dies during this period.

Critical Illness: designates exclusively a Critical Illness as defined in the Policy, namely, Stroke, Cancer and Heart Attack (Myocardial Infarction), except if this Critical Illness is excluded under the provisions of the Policy.

EXCLUSIONS AND RESTRICTIONS

SPECIFIC EXCLUSIONS FOR CRITICAL ILLNESSES
No benefits are payable for any of the Critical Illnesses in the following circumstances:

Stroke – No benefits will be payable for this Critical Illness in the following cases:

- Transient ischemic attacks; or
- Intracerebral vascular events due to trauma; or
- Lacunar infarcts which do not meet the definition of stroke.

Cancer – The following types of cancer are not covered under this Policy:

- Carcinoma in situ; or
- Stage 1A malignant melanoma (melanoma less than or equal to 1.0 mm in thickness, not ulcerated and without Clark level IV or level V invasion); or
- Any non-melanoma skin cancer that has not metastasized; or
- Stage A (T1a or T1b) prostate cancer.

No benefits will be payable for these types of cancer.

Heart Attack (myocardial infarction) – No benefits will be payable for this Critical Illness in the following cases:

- Elevated biochemical cardiac markers as a result of an intra-arterial cardiac procedure including, but not limited to, coronary angiography and coronary angioplasty, in the absence of new Q waves; or
- ECG changes suggesting a prior myocardial infarction, which do not meet the above definition of heart attack.

Moratorium Period – No benefits will be payable under this Policy if any of the Critical Illnesses – whether covered or excluded by this Policy – are diagnosed during the Moratorium Period or if the Insured shows signs or symptoms or is examined during the Moratorium Period and such signs, symptoms or examinations lead to a diagnosis, regardless of the date of diagnosis or whether or not such Critical Illness is covered by this Policy.

Survival Period – No benefits will be payable under this Policy if the Insured dies during the Survival Period, regardless of the cause.

Pre-existing Conditions – No benefits will be payable under this Policy if, during the 24 months following the effective date of the Policy or the last reinstatement date, the Insured is diagnosed with any of the Critical Illnesses or shows signs or symptoms leading to a diagnosis after the 24-month period when signs or symptoms were already present, directly or indirectly, during the 24-month period preceding the effective date of the Policy or the last reinstatement date and/or for which the Insured had already consulted or received medical treatment or care from a physician or other professional who belongs to a healthcare association or professional corporation, been examined, used medication and/or been hospitalized for a cause related directly or indirectly to any of the Critical Illnesses.

GENERAL EXCLUSIONS FOR CRITICAL ILLNESSES
No benefits will be payable for a Critical Illness resulting directly or indirectly from any of the following causes:

- Self-inflicted injuries, whether or not the Insured was conscious of his/her acts;
- Alcoholism, drug addiction, use of hallucinogens or drugs, or use of a medication not prescribed by an authorized healthcare professional or for which the usage instructions were not followed;
- Criminal act that the Insured committed or attempted to commit or resulting from his/her provoking or participating in such act;
- Operating an aircraft, watercraft or land vehicle with a blood alcohol level in excess of the legal limit or while under the influence of drugs.

ACCESS TO PERSONAL INFORMATION

In order to ensure the confidentiality of the personal information held concerning the Insured, the Insurer will establish an insurance file in which the information concerning your application for insurance will be placed, as well as the information concerning any insurance claim. Only the employees or agents who will be responsible for underwriting, administration, examinations and evaluation of claims, including the reinsurer or any other person authorized by you will have access to this file. The file will be kept in the Insurer's offices. You are entitled to consult the personal information contained in this file and may rectify your file by submitting a written request to the following address: National Bank Life Insurance Company, Access Officer, 1100 Robert-Bourassa Blvd. 5th Floor, Montreal, Quebec, H3B 2G7.

Questions?
Call 1-877-871-7500 (toll-free).
A Customer Service Representative will be pleased to assist you.

Mail both pages of the completed enrollment form to:
National Bank Life Insurance Company
1100 Robert-Bourassa Blvd. 5th Floor
Montreal, Quebec
H3B 2G7