

Enrollment Form



AcciInsure Accident Recovery Benefits



Please enroll me and the eligible members of my family (depending on the plan) in the **AcciInsure, Accident Recovery Benefits** Plan.

1. PERSONAL INFORMATION

Select the plan that suits your needs and budget.
Select one option only.

Monthly premium	
<input type="checkbox"/> Individual Plan (you)	<input type="checkbox"/> Family Plan (you, your spouse and dependent children)
\$9.50	\$13.50

To be eligible to enroll to the *AcciInsure, Accident Recovery Benefits* Plan, the Insured Person must be between the ages of 18 and 75 years old and be a Canadian Resident.

Last Name First Name

Address

City Province Postal Code

E-mail Address

Phone Number (Home) - Phone Number (Work or mobile) -

Gender Male Female Date of birth | |

2. STATEMENTS AND AUTHORIZATIONS

I certify that all the information provided on this Enrollment Form is true and **acknowledge** that this information is part of the policy.

I understand that any omission or false declaration may cause my insurance to be cancelled automatically.

I understand that my coverage becomes effective the day the Insurer receives my duly completed Enrollment Form.

I acknowledge that I have read and understood the Exclusions from insurance coverage on page 2 of this Enrollment Form.

I acknowledge having read the notice "Personal Information" on page 2 of this Enrollment Form.

I understand that my policy contract, confirming the coverage I have selected, will be sent to me shortly.

I authorize the Insurer to include my name, address and telephone number in his list of clients for business or charitable prospecting by the Insurer or any person to whom he agrees to release this list, and I reserve the right to terminate this authorization at any time by verbal or written request to the Insurer. **I undertake** to inform the Insurer immediately, of any change to my name, address and telephone number so that my file can be updated.

I hereby authorize the Insurer to deduct from my account indicated on page 2, each month, all amounts required for the insurance premium under this application.

Please complete both pages

