



## NATIONAL BANK INSURANCE



# Acci**Insure**

Accident Recovery Benefits



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

## **1. PERSONAL INFORMATION**

## Select the plan that suits your needs and budget. Select one option only. Monthly premium Individual Plan (you) **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 Province Postal Code Citv 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.

## 2. STATEMENTS AND AUTHORIZATIONS (CONTINUED)

#### Pre-authorized debit application - Payor's pad agreement $\ igtimes$ Personal $\ igcup$ 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 document confirming my 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. 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.

PAYMENT AUTHORIZATION AND INFORMATION ABOUT THE ACCOUNT (SELECT ONE OPTION ONLY. THE PAYMENT OF YOUR PREMIUM WILL NOT BE PROCESSED BEFORE 30 DAYS.)	
PRE-AUTHORIZED CHEQUING	NATIONAL BANK MASTERCARD ACCOUNT
Name of the financial institution where the account is held         Institution No.       Transit No.         Account No.	<b>5258</b>
Branch address Important: Attach a personal cheque marked VOID to avoid any errors.	MMYY
PAYEE	Expiry date
National Bank Life Insurance Company 1100 Robert-Bourassa Blvd, 5 <sup>th</sup> Floor, Montreal (Quebec) H3B 2G7 Telephone: 1-877-871-7500 Fax: 514-394-6604	
SIGNATURE MANDATORY	
<b>X</b> Signature	Date Y Y Y Y M M D D
3. EXCLUSIONS	
<ul> <li>No benefits will be paid if the Covered Accident is caused, directly or indirectly, by one or more of the following:</li> <li>Self-inflicted harm: attempted suicide, self-inflicted injury while sane or insane.</li> <li>War or insurrection: declared or undeclared war, any act of war, riot or insurrection or service in the armed forces of any country or international organization.</li> <li>Drugs: the use or taking of any narcotic, barbiturate or any other drug by the Covered Person, unless taken or used as prescribed by a Physician.</li> <li>Alcohol: the Covered Person's blood alcohol level is 80 mg of alcohol per 100 ml of blood or higher.</li> <li>Aircraft: while the Covered Person is acting as a pilot or crew member in any aircraft or while a passenger other than a fare-paying passenger on any aircraft.</li> <li>Criminal offence: while the Covered Person is committing or attempting to commit a criminal offence or terrorist act involving the use of weapons, explosive devices or agents, chemical, biological or nuclear weapons.</li> <li>Disease: disease, bodily or mental infirmity or medical or surgical treatment of these.</li> <li>High-risk activity: including but not limited to motor vehicle racing, scuba diving, skydiving, parachuting, hang gliding, rock or mountain climbing, bungee jumping or flight accidents except as a passenger on a commercially licensed aircraft.</li> </ul>	

#### PERSONAL INFORMATION

The Insurer has implemented a series of measures to ensure the confidentiality of personal information.

The Insurer will establish an insurance file in which all personal information obtained for underwriting the Policy and any claims made thereunder is included. Only employees or agents responsible for underwriting, administering or investigating claims or the reinsurer, if applicable, will have access to the file.

All files will be kept at the offices of the Insurer or of one of its agents. Any individual entitled to do so (you or any authorized person) may access their own personal information contained in their file and may request that it be changed as needed by writing to:

National Bank Life Insurance, Access to Personal Information Officer, 1100 Robert-Bourassa Blvd, 5th Floor, Montreal, Quebec H3B 2G7.

Questions?

**Please call us toll-free at 1-877-871-7500** A Customer Service Representative will be pleased to assist you.

#### Mail both duly completed pages to:

National Bank Life Insurance Company 1100 Robert-Bourassa Blvd, 5<sup>th</sup> Floor Montreal, Quebec H3B 2G7 (Rev.11/2010)

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