



**Underwritten by:**  
 Industrial Alliance Insurance & Financial Services Inc.  
 2165 Broadway W PO Box 5900, Vancouver, BC V6B 5H6

**APPLICATION DEADLINE**

**March 31, 2017**

FOR OFFICE USE ONLY

# APPLICATION FOR GUARANTEED ACCEPTANCE GROUP CRITICAL ILLNESS INSURANCE

**Please complete, print and sign**

## POLICY INFORMATION

Name of Policyholder <b>ALPA Canada Insurance Trust</b>	Group Policy Number <b>100007365</b>	Division Number
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## MEMBER INFORMATION MUST ALWAYS COMPLETE

Last Name	Given Name	Initials	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (dd-mmm-yyyy)
ALPA Member ID				
Street Address	City	Prov.	Postal Code	
Telephone (Home)	Telephone ( <input type="checkbox"/> Work <input type="checkbox"/> Cell)	Email		

## COVERAGE SELECTION CHECK ONLY ONE PER APPLICANT TYPE

**Yes!** I would like to take this opportunity to apply for Guaranteed Acceptance Critical Illness Insurance without having to supply the medical evidence normally required.

### MEMBER

\$25,000  \$50,000

Have you used any form of tobacco (except an average of one cigar a month), including nicotine products, electronic cigarettes, marijuana, hashish, smoking cessation products, betel nuts or leaves, supari, paan, gutka or shisha, within the last 12 months?

Yes  No

### SPOUSE

\$25,000  \$50,000

Have you used any form of tobacco (except an average of one cigar a month), including nicotine products, electronic cigarettes, marijuana, hashish, smoking cessation products, betel nuts or leaves, supari, paan, gutka or shisha, within the last 12 months?

Yes  No

### DEPENDENT CHILD(REN)

\$5,000  \$10,000

Amount selected will apply to each dependent children.

## APPLICANT INFORMATION COMPLETE IF APPLYING FOR SPOUSE AND/OR DEPENDENT CHILDREN COVERAGE

### SPOUSE

Last Name	Given Name	Initials	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (dd-mmm-yyyy)
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Are you also a member of this group?  Yes  No If "Yes", provide ALPA Member ID

## DEPENDENT CHILD(REN) IF YOU REQUIRE MORE SPACE, PLEASE ATTACH A SEPARATE SHEET OF PAPER, SIGNED AND DATED

Last Name	Given Name	Initials	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (dd-mmm-yyyy)	Select one <input type="checkbox"/> Child <input type="checkbox"/> Full-Time Post-Secondary Student
Last Name	Given Name	Initials	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (dd-mmm-yyyy)	Select one <input type="checkbox"/> Child <input type="checkbox"/> Full-Time Post-Secondary Student
Last Name	Given Name	Initials	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (dd-mmm-yyyy)	Select one <input type="checkbox"/> Child <input type="checkbox"/> Full-Time Post-Secondary Student
Last Name	Given Name	Initials	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (dd-mmm-yyyy)	Select one <input type="checkbox"/> Child <input type="checkbox"/> Full-Time Post-Secondary Student



# PRE-AUTHORIZED DEBIT (PAD) AGREEMENT

## STEP 1 - PROVIDE DETAILS FOR MONTHLY PRE-AUTHORIZED DEBITS

ATTACH A PERSONALIZED 'VOID' CHEQUE OR COMPLETE THE INFORMATION BELOW

### ACCOUNT DETAILS

Name(s) of Account Holder(s) as shown on Financial Institution records

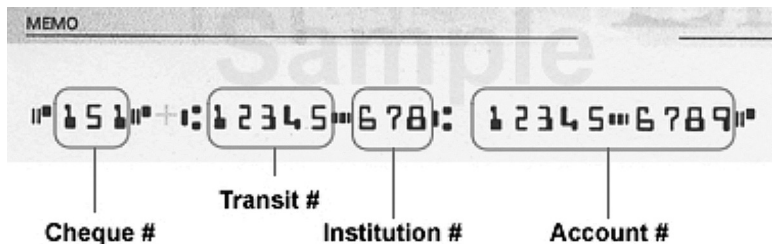
Street Address of Account Holder(s)	City	Prov.	Postal Code
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Name of Financial Institution

Street Address of Branch	City	Prov.	Postal Code
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Financial Institution Number	Transit Number	Account Number
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ACCOUNT DETAILS (see sample below)



## STEP 2 - REVIEW AND PROVIDE AUTHORIZATION

### WITHDRAWAL ARRANGEMENT

Fixed  Variable

### RECOURSE

You have certain recourse rights if any debit does not comply with this agreement. For example, you have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD Agreement. To obtain more information on your recourse rights, contact your financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).

### AUTHORIZATION FORM MUST BE SIGNED IN INK

I/we, as the Account Holder(s), authorize Industrial Alliance Insurance and Financial Services Inc. (the "Company") and the financial institution named above or as indicated on the attached 'VOID' cheque, to withdraw variable monthly payments from my/our account, at the branch indicated, for the purpose of collecting premiums and any applicable sales tax and service charges for insurance under this policy.

The PAD amount will be debited from the account indicated above on the 1st day of each month or the next business day. I/we agree to notify the Company in writing, if there is any change to the banking information set out above.

I/we waive the right to receive pre-notification of the amount to be debited each month and the date of such debit. I/we agree that the Company will provide written notice of the amount of the PAD at least three (3) calendar days before the first PAD is debited and before any increase to the PAD amount is debited, except when the increase is due to a change in sales taxes, service charges, or the increase to the PAD amount is a result of my/our request.

**I/we may cancel this PAD Agreement at any time, subject to providing notice to the Company at the address provided below. This notification must be received at least ten (10) business days before the next debit is scheduled. I/we may obtain a sample cancellation form, or more information on my/our right to cancel a PAD Agreement at my/our financial institution or by visiting [www.cdnpay.ca](http://www.cdnpay.ca).**

I/we understand that cancellation of this PAD Agreement will not have any effect on the insurance provided under this policy, provided that payment is received when due and is made in accordance with the terms of this policy.

This PAD Agreement only applies to the method of payment. I/we understand that completing this PAD Agreement does not mean that the application for insurance coverage has been approved.

X		X	
Member Signature (must always sign)	Date (dd-mmm-yyyy)	Signature of all other Account Holder(s) (if a required signatory to this account)	Date (dd-mmm-yyyy)



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## **NOTICE ON PRIVACY & CONFIDENTIALITY** PLEASE READ CAREFULLY AND RETAIN FOR YOUR RECORDS

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The specific and detailed information requested pursuant to this application from you and which may be subsequently requested by us, from time to time, is required to process your application, and process any claim for benefits made by you. To protect the confidentiality of such personal information, access to your information is restricted to any person you authorize or as authorized by law as well as those Industrial Alliance Insurance and Financial Services Inc. (the "Company") employees, its reinsurers, third party administrators, agents or brokers of the Company, plan sponsors and any agents or brokers of such sponsors or other market intermediaries for the purposes of (a) sponsoring a plan for you, (b) marketing and administration of Company products or services, (c) assessment of risk (underwriting) and (d) investigation of claims (where applicable). **Your file will be kept in our offices.**

**You are entitled to review your personal information contained in our files, subject to certain limited exceptions established by law, and if necessary, to have it rectified by sending a written request to us at:** 2165 West Broadway. P.O. Box 5900, Vancouver, BC V6B 5H6, Attention: Director, Administration, Special Markets Solutions. Corrections will be noted in the file. If a requested correction is in dispute, we nonetheless note your requested correction in the file. Further information on our privacy practices can be found online at [ia.ca](http://ia.ca) or alternatively, contact us at 1.800.266.5667 and request that a copy be faxed or mailed to you.

## **SEND YOUR COMPLETED FORM TO:**

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**Special Markets Solutions**  
Industrial Alliance Insurance and Financial Services Inc.  
2165 Broadway W, PO Box 5900, Vancouver, BC V6B 5H6  
Or fax to 1.888.553.5433 (toll free)

## **QUESTIONS?**

Contact a Client Service Specialist at:  
**1.800.266.5667** (toll free)  
**604.737.3802** (Vancouver)  
**solutions@ia.ca**  
Monday to Friday 6:30 a.m. - 4:30 p.m. Pacific Time