NATIONAL BANK INSURANCE

MÉDI PLAN

Enrollment Form

HOME HEALTH CARE AND ASSISTANCE

1. SELECT A PLAN

☐ *Individual* ☐ *Single-Parent Family* ☐ *Family*

2. PERSONAL INFORMATION

Name ______________________ First name ______________________

Address ______________________ City ______________________

Province __________ Postal Code __________ Gender ☐ *Male* ☐ *Female* Date of Birth Y Y Y Y | M M | D D

Home Telephone (   ) ______________________

IF YOU CHOOSE A PLAN OTHER THAT THE INDIVIDUAL PLAN

	Name	First Name	Date of Birth
Spouse (if applicable)			Y Y Y Y | M M | D D
Dependent children			Y Y Y Y | M M | D D
			Y Y Y Y | M M | D D
			Y Y Y Y | M M | D D
			Y Y Y Y | M M | D D

3. STATEMENTS AND AUTHORIZATIONS

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 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 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 acknowledge having read the notice “Access to Personal Information” on page 2 of this application.

I undertake to inform you immediately, in writing, of any change to my name, address and telephone number so that you can update your files.

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.

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 PAD Subscription Confirmation 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.

NATIONAL BANK INSURANCE

PAYMENT AUTHORIZATION AND INFORMATION ABOUT THE ACCOUNT

☐ **PRE-AUTHORIZED CHEQUING**

Name of the Financial Institution where the account is held

Institution No. Transit

Account No.

Branch address

Important: Attach a personal cheque marked "VOID" to avoid any transcription errors.

☐ **NATIONAL BANK MASTERCARD ACCOUNT**

5258

Card No.

M M A A

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

X

Client's Signature Date Y Y Y Y M M D D

X

Spouse's Signature
(If he or she wants to apply) Date Y Y Y Y M M D D

COVERAGE EXCLUSIONS AND RESTRICTIONS

Pre-existing conditions before the coming into force of the contract

If the insured has received medical advice or treatment for an illness or injury during the 12 months prior to the effective date or the reinstatement date of coverage, the benefits relating to that illness or injury are payable only 12 months after the last treatment or medical consultation for that condition. Treatment, medical advice or medical consultation mean diagnostic procedures and prescribed medication.

No benefit is payable for the following expenses or for an illness or injury resulting from the following circumstances:

- Expenses incurred following surgery that was recommended for the insured prior to the coming into force of the contract or expenses incurred further to a hospitalization scheduled prior to the coming into force of the contract;
- Expenses incurred following cosmetic surgery;
- Expenses that are refundable under any other insurance or insured services in the meaning of any federal or provincial legislation or regulations;
- Abuse of medication or alcohol or use of narcotics;
- Attempted suicide or self-inflicted injury, whatever the state of mind of the insured;
- Inhalation of gas fumes or ingestion of poison, whether intentional or unintentional;
- Active participation by the insured in a criminal act, public confrontation, riot, insurrection, war or act of war, whether declared or not, or any other act of aggression;
- Accident which occurred while the insured participated in any sport for remuneration, any type of motor vehicle competition or race or while participating in underwater activities, gliding or hang gliding, mountain climbing or parachuting, whether skydiving or not;
- Expenses incurred outside Canada;
- Expenses for nursing assistants primarily for support care or care given for the patient's comfort;
- Expenses for care, treatment, services or products other than those deemed necessary for the treatment of the illness or injury by the relevant health care professionals;
- Expenses for experimental care or treatments and those resulting from the use of new procedures or treatments which are not yet widely used;
- Expenses for a detoxification program;
- Expenses that the insured does not have to pay or would not be required to pay if he did not have insurance coverage.

Access to personal information

In order to protect the confidentiality of the personal information that is held on you, National Bank Life Insurance Company shall establish an insurance file in which the information regarding your application for insurance and any claim will be included. Only those employees or agents who are responsible for underwriting, administration, investigation and claims, or any other person authorized by you, will have access to this file. Your file will be held in the Insurer's office. You will be entitled to have access to the personal information contained in your file, and if appropriate, have it corrected by sending a written request to: Canassurance Life Insurance Company Inc., 550 Sherbrooke Street West, Montreal, Quebec H3A 1B9.

Questions?
Call 1 800 240-8424 (toll-free)
Montreal area: 514 286-8424
A Customer Service Representative will be pleased to assist you.

Mail both pages of the completed enrollment form to:
National Bank Insurance
PO Box 910, STN B,
Montreal Quebec H3B 9Z9

(Rev. 02/2010)

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