

Insurance for Released Members (IRM)

(term life insurance to age 75)

1. INSURANCE NEEDS ANALYSIS (INA)

Purchasing life insurance is a crucial component of your overall financial security plan. SISIP Financial requires each applicant to complete an **Insurance Needs Analysis (INA)** at the time of application. Completing an INA will help ensure you understand your current life insurance needs and make an informed decision regarding your coverage. To complete an INA, contact SISIP Financial.

2. PURPOSE OF THIS APPLICATION (CHECK ALL THAT APPLY):

| nitiate coverage under: IRM-MIRM-S | Increase coverage under: | Decrease coverage under: |
|---------------------------------------|--------------------------|--------------------------|
| 3. ADMINISTRATIVE INFORMATION: | | |

1. Is/was your spouse or former spouse a CAF member?

N/A

Yes No

If "yes", indicate name and Service Number of person.

and SN:

Note: Maximum total insurance coverage on any one person, through individual and spousal coverage, cannot exceed \$1,200,000.

4. IMPORTANT NOTES

- To transfer eligible coverage to IRM at time of release, a member MUST APPLY within <u>60 days of their release date</u>. The Health Questionnaire, Block 12, is NOT required.
 To initiate or increase IRM coverage, the member or his spouse must be less than 66 years of age. The Health Questionnaire, Block 12, must be completed.
- Please note that a medical examination may be required. If required a medical form will be sent with the necessary instructions.
- 3. If the amount eligible for transfer exceeds **\$1,200,000**, the balance may be converted to an individual policy with Manulife.

5. MEMBER INFORMATION

| Service Number (SN) | | | CFOne # | | | Rank | | | |
|---------------------------------------|---------|-------------|---------|--------------------------|------------|------|-----------------------------|----------|---------|
| Date of Birth (dd-mm-yyyy) | | Surname | | | First Name | | | Initials | M _ F _ |
| Date of Release (DOR) (dd-mm-yyyy) | | | F 1 | Primary/Day Telephone | | | Secondary/ Evening Telep | ohone | |
| Apt. | Civic # | Street | t | | | | City | | |
| Province | | Postal Code | | Email Address | | | | | |

6. SPOUSAL INFORMATION (IF APPLYING FOR SPOUSAL COVERAGE, INCREASE, DECREASE OR A TRANSFER)

| Service Number (SN) | | CFOne # | | | Rank |
|----------------------------------------------------------------------------------------|-------------|-----------------------------|---------------|----------------------------------------------|------|
| Surname | First Name | | Initials | Maiden Name (if applicable) | M F |
| Mailing address same as above: Only enter mailing address if different from member: | | Date of Birtl (dd-mm-yyy | | Date of Marriage (if applicable) (dd-mm-y | луу) |
| Apt. Civic # | Street | | | City | |
| Province | Postal Code | | Email Address | | |
| | | | | | |

7. PREMIUMS* PER AGE GROUP

| MONTHLY | Under 25 | 25 - 29 | 30 - 34 | 35 - 39 | 40 - 44 | 45 - 49 | 50 - 54 | 55 - 59 | 60 - 64 | 65 - 69 | 70 - 74 |
|----------------------------|----------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|
| Non-Smoker Rate / \$10,000 | \$0.70 | \$0.60 | \$0.65 | \$0.80 | \$1.05 | \$1.35 | \$2.00 | \$3.40 | \$6.00 | \$11.00 | \$23.17 |
| | \$1.05 | \$0.95 | \$1.10 | \$1.25 | \$1.80 | \$3.00 | \$5.15 | \$8.50 | \$15.00 | \$25.00 | \$48.47 |

8. SMOKING/NON-SMOKING STATUS

a) Have you used tobacco or a tobacco product in the last twelve (12) months?

b) Date you last used tobacco or a tobacco product?

| CAF Mem | ber (M): | YES 🗌 NO | |
|---------|----------|----------|--|
| dd | mm | уууу | |

| Spouse (S | 5): YES | NO |
|-----------|---------|------|
| dd | mm | уууу |



| | | | | | | | | | | | | | | SN: | | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|-------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|------------------------------------------------------------|-----------------------------------------------|---------------------------|
| 9. N | IEMBER C | OVERAG | GE If Total Coverage Re | quested | is more | e than \$ | 250,000 , | see Bloc | k 1 INSU | RANCEN | IEEDS ANALYSI | I S on | Page 1 | | | | | | |
| Lif | e insurance i | s availabl | e in increments of \$10 | 0,000 to | o a ma | ximum | n of \$1,2 | 200,000 | | | | | | | | | | | |
| \$ | | + | \$ | | | | | | ÷ \$10,0 | 00 = | | × | : | | 7 = | | | | |
| | overage in Effec | ct | (+/-) Change in Covera | age | Tota | l Covera | age Requ | | , | | # of Units | | Mo | nthly Rate | | | Monthly | Premiun | n |
| | | | f a spouse by a member w | | | | | | | | | | | | | | | | change |
| Note 2: | The member (E | Block 5) and | e's written permission. If a spouse (Block 6) may nan | me any pe | erson(s) |) and/or | organizat | tion(s) to | be their b | eneficiary | . If more than o | ne pi | rimary be | neficiary is t | o be n | amed, ticl | < PRIMAR | Y in each | |
| and atta | ach it to this app | olication. If r | ed percentage for each be ninor children are include of death of the primary be | ed, the da | te of bi | rth of th | e childrer | h and the | name and | l address | of the Trustee/ | Tutor | | | | | | | |
| As the | certificate holde | r, I hereby ı | evoke any previous bene | eficiary de | · / | | | 0 | | , | | | and here | eby designa | te the | following | beneficia | ary(ies). | |
| | ficiary design | lation is rev | ocable unless stated othe Name (in full) o | | ons oi | r Orga | nizatio | ns | | Re | lationship | | | Date of B | irth | | Pe | ercenta | ge |
| 🗌 PRI | MARY | | | | | | | | | | | 6 | dd | mm | уууу | / | | | |
| | MARY | | | | | | | | | | | - (| ld | mm | <i>yyy</i> y | , | | | |
| | NTINGENT MARY | | | | | | | | | | | | dd | mm | <i>yyy</i> y | / | | | |
| | | | | | | | Addr | ress and | | <u> </u> | | | | | | | | | |
| TRUS | TEE/TUTOR | | | | | | telep | hone #: | | | | | | | | | | | |
| 10. | SPOUSAL | COVER | AGE If Total Coverage | Requeste | ed is m | ore thar | n \$250,00 | 00, see B | lock 1 INS | URANCI | E NEEDS ANAL | YSIS | on Page | 1 | | | | | |
| Lif | e insurance i | s availabl | e in increments of \$10 | 0,000 to | o a ma | ximum | n of \$1,2 | 200,000 | | | | | | | | | | | |
| \$ | | + | \$ | = | | | | | ÷ \$10,0 | 00 = | | × | : | | = | | | | |
| Co | overage in Effec | ct | (+/-) Change in Covera | age | Tota | l Covera | age Requ | ested | | | # of Units | | Mo | nthly Rate | | | Monthly | Premiun | n |
| | | | r IRM-SPOUSAL is always t I, the PRIMARY box is to be | | | | | | | | | | | | | | | | |
| enter th | e desired perce | ntage for ea | ach beneficiary in the last of cluded, the date of birth o | column. T | The tota | l must e | qual 1009 | %. If insut | fficient spa | ce, please | e complete the <u>E</u> | Desig | nation/Ch | ange of Ber | neficiar | ۲ form (1 | IE) and at | tach it to | this |
| | | | neficiary(ies). The total for / previous beneficiary des | | · · | | | | | | o. 901102 and he | ereby | / designat | e the follow | ing bei | neficiary(ie | es). | - | - |
| This be | neficiary design | ation is rev | ocable unless stated othe | erwise. | | | | | | | | | | | | | | | |
| | | | | | | | | - | | | | | | | | | | _ | - |
| lf sp | | - | nt beneficiaries not required to | s and | | | | | or are | exac | tly the sa | me | e as tl | he Men | nbe | r's, tic | k hei | r e: |] |
| lf sp You | are, ther | - | nt beneficiaries not required to | s and com | plet | e thi | s sec | tion. | or are | | - | me | | | | r's, tic | | |] Ige |
| If sp You Benef | are, ther iciary(ies): MARY | - | nt beneficiaries | s and com | plet | e thi | s sec | tion. | or are | | tly the sa | | | he Men Date of B | | • | | r e: |] Ige |
| If sp You Benef | are, ther iciary(ies): MARY NTINGENT MARY | - | nt beneficiaries not required to | s and com | plet | e thi | s sec | tion. | or are | | - | | | Date of B | lirth | , | | |] Ige |
| If sp You Benef PRI CO PRI CO | are, ther iciary(ies): MARY NTINGENT MARY NTINGENT | - | nt beneficiaries not required to | s and com | plet | e thi | s sec | tion. ns | | | - | | dd | Date of B | irth | , | | |] Ige |
| If sp You Benef PRI CO PRI CO | are, ther iciary(ies): MARY NTINGENT MARY | - | nt beneficiaries not required to | s and com | plet | e thi | s sec nizatio | tion. | | | - | | dd | Date of B | irth | , | | |] ge |
| If sp You Benef PRI CO PRI CO TRUS | are, ther iciary(ies): MARY NTINGENT MARY NTINGENT TEE/TUTOR | efore, | nt beneficiaries not required to | s and com of Perso | ons or | e this | s sec nizatio | ress and hone #: | | | - | | dd | Date of B | irth | , | | |] ge |
| If sp You Benef PRI CO PRI CO TRUS | are, ther iciary(ies): MARY NTINGENT MARY NTINGENT TEE/TUTOR | Y OF PR | nt beneficiaries not required to Name (in full) o | s and com of Perso | ons or | e this | s sec nizatio | ress and hone #: | | Rel | y Premium Bloc | k 9 | dd | Date of B | irth yyys yyys | , , tal Mont | Pe | |] nge |
| If sp You Benef PRI CO PRI CO TRUS TRUS 11. | are, ther iciary(ies): MARY NTINGENT MARY NTINGENT TEE/TUTOR SUMMAR o pay premium monthly th | Y OF PR | nt beneficiaries not required to Name (in full) o BEMIUM REQUIRE | s and o com of Perso ED (SE | E BL | e this r Organ OCKS by comp | s sec nizatio | tion. ns ress and hone #: D 10) ock 13; o | | Rel Monthl Monthly Enter p | y Premium Block Premium Block | k 9 10 re*: | dd | Date of B | Sirth 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 | tal Monti Premiu | Pe | ercenta | |
| If sp You Benef PRI CO PRI CO TRUS ^T 11. | are, ther iciary(ies): MARY NTINGENT MARY NTINGENT TEE/TUTOR Opay premium monthly th monthly by annually by | Y OF PR y completing y completing y completing y cheque o | nt beneficiaries not required to Name (in full) of EMIUM REQUIRE 'pre-authorized debit (PA g the <u>CFSA Pension Dedu</u> r money order for the To | s and of Perso ED (SE AD) agree uction Au | E BL(| e this r Orga OCKS by comp ation for mium ir | Addr Addr Addr telep 9 ANI Detting Bl- m (ML03 n this Bloo | tion. ns ress and hone #: D 10) ock 13; o E); or, ck 11, pa | r, + | Rel Monthl Monthly Enter p | y Premium Bloc Premium Block rovincial tax rat *(MB-RST, ON-R 2C-QST, others (| ck 9 : 10 e*: IST, 0%) | dd | Date of B | Sirth 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 | , , tal Mont | Pe | ercenta | |
| If sp You Benef CO PRI CO TRUST 11. I elect t a) b) c) | are, ther iciary(ies): MARY NTINGENT MARY NTINGENT TEE/TUTOR SUMMAR opay premium monthly by annually by to Manulifi | Y OF PR y completin y completin y cheque o e 60 days a | nt beneficiaries not required to Name (in full) of EMIUM REQUIRE 'pre-authorized debit (PA g the <u>CESA Pension Dedu</u> r money order for the To fter my release date. I will | s and o com of Perso ED (SE AD) agree uction Au vtal Annu Il be invoi | E BLC | e this r Orga OCKS by comp ation for mium ir nually th | Addr Addr Addr 9 ANI 9 ANI 9 ANI 9 ANI 9 ANI 9 ANI | tion. ns ress and hone #: D 10) ock 13; o E); or, ck 11, pa | r, + yable | Rel Monthl Monthly Enter p | y Premium Bloc Premium Block rovincial tax rat KIMB-RST, ON-R QC-QST, others (QST (if applicabl | (k 9 10 ree*: 55T, 5%) | | Date of B | Sirth 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9993 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 9975 | tal Monti Premiu | Pe | ercenta | |
| If sp You Benef CO PRI CO TRUS 11. I elect t a) b) c) 12. | are, ther iciary(ies): MARY NTINGENT MARY NTINGENT TEE/TUTOR SUMMARY o pay premium monthly th monthly by annually by to Manulif HEALTH Q | Y OF PR y OF PR rough the y completin y cheque o e 60 days a QUESTIC | nt beneficiaries not required to Name (in full) of Mame (in full) of Pre-authorized debit (PA g the <u>CFSA Pension Dedu</u> r money order for the To fter my release date. I will | ED (SE AD) agree uction Au btal Annu l be invoi | E BLC ment" I tthoriza ual Prete iced an | e this r Organ OCKS by comp ation for mium ir nually th E TO I | Addr Addr Addr Bann Bleting Blo m (ML03 n this Blon hereafter | tion. ns ress and bhone #: D 10) ock 13; o E); or, ck 11, pa | r, + yable + | Rel Monthl Monthly Enter p C RST/C | y Premium Block Premium Block rovincial tax rat *(MB-RST, ON-R QC-QST, others (QST (if applicabl EASE COVE | ck 9 : 10 :e*: (ST, (ST, (ST)) (e*) | dd dd gE | Date of B | iirth 9999 9999 900 100 100 100 100 100 100 1 | tal Mont Premiu tal Month tal Annu | Pe hly | um × 12 M um | Aonths = |
| If sp You Benef CO PRI CO TRUS TRUS 111. I elect t a) b) c) 12. | are, ther iciary(ies): MARY NTINGENT MARY NTINGENT TEE/TUTOR SUMMAR o pay premium monthly th monthly by annually by to Manuliff HEALTH Q DTE: All "Yes | Y OF PR y OF PR rough the y completin y cheque o e 60 days a QUESTIC " respon | nt beneficiaries not required to Name (in full) of EMIUM REQUIRE 'pre-authorized debit (PA g the <u>CESA Pension Dedu</u> r money order for the To fter my release date. I will | ED (SE AD) agree uction Au COMP | E BLC ment" I uthoriza ual Preticed an PLETI uire d | e this r Organ OCKS by comp ation for mium ir nually th E TO I detaile | Addin Addin Addin Bleting Bla m (ML03 in this Bloo hereafter INITIA d infor | tion. ns ress and ohone #: D 10) ock 13; o E); or, ck 11, pa ck 11, pa ck 11, pa | yable + | Rel Monthl Monthly Enter p C RST/C INCRE Health | y Premium Bloc Premium Bloc Premium Block and the state of the state *(MB-RST, ON-R QC-QST, others (QST (if applicabl CASE COVE Questionna | (k 9 10 (k 9 10 (k 9 (k 9 (k 9) (k 10)(k 1)(k 1)(k 1)(k 1)(k 1)(k 1)(k 1)(k 1 | dd dd GE Detail: | Date of B mm mm % | irth | tal Mont Premi tal Month tal Annu ditional | Pe | um × 12 M um | Aonths = |
| If sp You Benef CO PRI CO TRUS TRUS 111. I elect t a) b) c) 12. | are, ther iciary(ies): MARY NTINGENT MARY NTINGENT TEE/TUTOR SUMMAR o pay premium monthly by annually by to Manulifi HEALTH Q DTE: All "Yess e a separate | Y OF PR arough the y completin y cheque o e 60 days a QUESTIC " respon sheet pro | nt beneficiaries not required to Name (in full) of EMIUM REQUIRE "pre-authorized debit (PA g the <u>CESA Pension Dedu</u> r money order for the To fter my release date. I will DNNAIRE - ONLY ses in questions 1 t | ED (SE AD) agree uction Au COMF | E BLC ment" I tthoriza iced an PLETI uire d | e this r Organ OCKS by comp ation for mium ir nually th E TO I detaile ncludir | Addr Addr Addr Addr 9 ANI 9 ANI 9 ANI 9 ANI 9 ANI 100 100 100 100 100 100 100 100 100 10 | tion. ns ress and ohone #: D 10) ock 13; o E); or, ck 11, pa | vr, + yable + ND/OR service r | Rel Monthl Monthly Enter p C RST/C INCRE | y Premium Bloc Premium Block rovvincial tax rat *(MB-RST, ON-R 2C-QST, others (QST (if applicabl CASE COVE Questionna (SN), signatu | (k 9 :10 :e*: (ST,)%) (e*) RA ire - | dd dd GE Details and date | Date of B mm mm | To To To To | tal Mont Premi tal Month tal Annu ditional | Pe | um × 12 M um | Aonths = |
| If sp You Benef PRI CO PRI CO TRUS TRUS TRUS 111. I elect t a) b) c) 12. Nu us | are, ther iciary(ies): MARY NTINGENT MARY NTINGENT TEE/TUTOR SUMMAR o pay premium monthly by annually by to Manulifi HEALTH Q DTE: All "Yess e a separate | Y OF PR arough the y completin y cheque o e 60 days a QUESTIC " respon sheet pro | nt beneficiaries not required to Name (in full) of EMIUM REQUIRE 'pre-authorized debit (PA g the CESA Pension Dedu r money order for the To fter my release date. I will NNAIRE - ONLY ses in questions 1 to oviding the informati | ED (SE AD) agree uction Au tal Annu ll be invoi COMF co 6 req ion requ ceived 1 | E BLC ment" I tthoriza iced an PLETI uire d | e this r Organ r Organ OCKS by comp ation for mium ir nually th E TO I detaile ncludir nent, n | Addin Addin Addin Bleting Bla m (ML03 h this Bloo hereafter INITIA d infor ng your nedicat | tion. ns ress and ohone #: D 10) ock 13; o E); or, ck 11, pa | vr, + yable + ND/OR service r | Rel Monthl Monthly Enter p C RST/C INCRE | y Premium Bloc Premium Block rovvincial tax rat *(MB-RST, ON-R 2C-QST, others (QST (if applicabl CASE COVE Questionna (SN), signatu | (k 9 :10 :e*: (ST,)%) (e*) RA ire - | dd dd GE Details and date | Date of B mm mm | To To To To | tal Mont Premi tal Month tal Annu ditional to this a | Pe | um × 12 M um | Aonths = |
| If sp You Benef PRI CO PRI CO TRUS TRUS TRUS 111. I elect t a) b) c) 12. Nu us | are, ther iciary(ies): MARY NTINGENT MARY NTINGENT TEE/TUTOR UNDER OPAP premium monthly th monthly by annually by to Manuliff HEALTH Q DTE: All "Yes e a separate Have you ha | Y OF PR arough the y completin y cheque o e 60 days a QUESTIC " respon sheet pro | nt beneficiaries not required to Name (in full) of EMIUM REQUIRE 'pre-authorized debit (PA g the CESA Pension Dedu r money order for the To fter my release date. I will NNAIRE - ONLY ses in questions 1 to oviding the informati | ED (SE AD) agree uction Au tal Annu ll be invoi COMF co 6 req ion requ ceived 1 | E BLC ment" I ment" I tthoriza ual Prete iced an PLETI uire d uired i treatn | e this r Organ r Organ OCKS by comp ation for mium ir nually th E TO I detaile ncludir nent, n | Addin Addin Addin Bleting Bla m (ML03 h this Bloo hereafter INITIA d infor ng your nedicat | tion. ns ress and ohone #: D 10) ock 13; o E); or, ck 11, pa ck 13; o ck 10; o ck 13; o ck 10; o | vr, + yable + ND/OR service r | Rel Monthl Monthly Enter p C RST/C INCRE | y Premium Bloc Premium Block rovvincial tax rat *(MB-RST, ON-R 2C-QST, others (QST (if applicabl CASE COVE Questionna (SN), signatu | (k 9 :10 :e*: (ST,)%) (e*) RA ire - | dd dd GE Details and date | Date of B mm mm | To To To To | tal Mont Premi tal Month tal Annu ditional to this a | Pe | um × 12 M um × 12 M um | Aonths = |
| If sp You Benef PRI CO PRI CO TRUS TRUS TRUS 111. I elect t a) b) c) 12. Nu us | are, ther iciary(ies): MARY NTINGENT MARY NTINGENT TEE/TUTOR SUMMAR o pay premium monthly th monthly th monthly by annually by to Manulifi HEALTH Q DTE: All "Yess e a separate Have you ha Heart (high blood pres | Y OF PR y OF PR y completin y cheque o e 60 days a y CHESTIC y cheque o ad, been ssure, high d | nt beneficiaries not required to Name (in full) of EMIUM REQUIRE 'pre-authorized debit (PA g the CESA Pension Dedu r money order for the To fter my release date. I will NNAIRE - ONLY ses in questions 1 to oviding the informati | ED (SE AD) agree uction Au btal Annu ll be invoi co 6 req ion requ ceived t | EBLC ment" I tthoriza al Preticed an PLETI uire d uired i treatm | e this r Organ r Organ OCKS by comp ation for mium ir nually th E TO I detaile ncludir nent, n er (M) | Addin Addin Addin Addin Bleting Bla m (ML03 m (ML03 m this Bloo hereafter INITIA d infor mg your medicat | tion. ns ress and ohone #: D 10) ock 13; o E); or, ck 11, pa ck 13; o E); or, ck 13; o E); o E]; | ar, + yable JD/OR service or of vice or of | Rel Monthly Enter p C RST/C IN CRE Health humber | y Premium Bloc Premium Block rovvincial tax rat *(MB-RST, ON-R 2C-QST, others (QST (if applicabl CASE COVE Questionna (SN), signatu | k 9 100 2e*: 55, 0%) le*) RA ire - ire a | GE Details and date | Date of B mm mm | To To To To | tal Mont Premi tal Month tal Annu ditional to this a | Pe hly ly Premiu al Premiu space i pplicati | ercenta um × 12 M um is neede on. | Aonths = ed, se (5) |
| If sp You Benef O PRI CO PRI CO TRUS TRUS 11. I elect t a) b) c) 12. Nu us 1. | are, ther iciary(ies): MARY NTINGENT MARY NTINGENT TEE/TUTOR SUMMAR o pay premium monthly by annually by to Manulifu HEALTH Q DTE: All "Yess e a separate Have you ha Heart (high blood pres transient ischen Cancer | Y OF PR y OF PR y completin y completin y completin y cheque o e 60 days a QUESTIC ad, been ssure, high d nic attack (T/ | nt beneficiaries not required to Name (in full) of EMIUM REQUIRE 'pre-authorized debit (PA g the <u>CESA Pension Dedit</u> r money order for the To fter my release date. I will DNNAIRE - ONLY ses in questions 1 t boviding the informati told you have, or ree | ED (SE AD) agree uction Au btal Annu ll be invoi co 6 req ion requ ceived t | EBLC ment" I tthoriza al Preticed an PLETI uire d uired i treatm | e this r Organ r Organ OCKS by comp ation for mium ir nually th E TO I detaile ncludir nent, n er (M) | Addin Addin Addin Addin Bleting Bla m (ML03 m (ML03 m this Bloo hereafter INITIA d infor mg your medicat | tion. ns ress and ohone #: D 10) ock 13; o E); or, ck 11, pa ck 13; o E); or, ck 13; o E); o E]; | ar, + yable JD/OR service or of vice or of | Rel Monthly Enter p C RST/C IN CRE Health humber | y Premium Block Premium Block Premium Block rovincial tax rat *(MB-RST, ON-R (MB-RST, ON-R (MB-RST, ON-R (ST, others (QST (if applicabl CASE COVE Questionna (SN), signatu ing for any d y transmitted | k 9 100 2e*: 55, 0%) le*) RA ire - ire a | GE Details and date | Date of B mm mm | To To To To | tal Mont Premi tal Month tal Annu ditional to this a | Pe hly ly Premiu al Premiu space i pplicati | ercenta um × 12 M um is neede on. | /onths = ed, se (S) |
| If sp You Benef CO PRI CO TRUS 11. I elect t a) b) c) 12. Nu US 1. | are, ther iciary(ies): MARY NTINGENT MARY NTINGENT TEE/TUTOR SUMMAR o pay premium monthly th monthly th monthly by annually b to Manulifi HEALTH Q DTE: All "Yess e a separate Have you ha Heart (high blood pres- transet ischen Cancer (including abnot) | Y OF PR Y OF PR arough the y completir y completir y cheque o e 60 days a QUESTIC "' respon sheet pro ad, been ssure, high ch nic attack (TI/ prmal paps, ine | nt beneficiaries not required to Name (in full) of EMIUM REQUIRE 'pre-authorized debit (PA g the CESA Pension Dedu r money order for the To fter my release date. I will PNNAIRE - ONLY ses in questions 1 t byviding the informati told you have, or red heat murmur, stroke, etc tumors) | ED (SE AD) agree uction Au btal Annu ll be invoi co 6 req ion requ ceived t | EBLC ment" I tthoriza al Preticed an PLETI uire d uired i treatm | e this r Organ r Organ OCKS by comp ation for mium ir nually th E TO I detaile ncludir nent, n er (M) | Addin Addin Addin Addin Bleting Bla m (ML03 m (ML03 m this Bloo hereafter INITIA d infor mg your medicat | tion. ns ress and ohone #: D 10) ock 13; o E); or, ck 11, pa ck 13; o E); or, ck 13; o E); o E]; | vice or of 1.8 1.9 | Rel Monthl Monthly Enter p C RST/C INCRE Health number counsel Sexually Alcohol | y Premium Block Premium Block Premium Block rovincial tax rat *(MB-RST, ON-R (MB-RST, ON-R (MB-RST, ON-R (ST, others (QST (if applicabl CASE COVE Questionna (SN), signatu ing for any d y transmitted | (k 9 10 20 20 20 20 20 20 20 20 20 20 20 20 20 | GE Details and date ase or d | Date of B mm mm | To To To To | tal Mont Premi tal Month tal Annu ditional to this a | Pe hly ly Premiu al Premiu space i pplicati | ercenta um × 12 M um is neede on. | Aonths = ed, se (5) |
| If sp You Benef CO PRI CO TRUS 11. I elect t a) b) c) 12. NG US 1. 1.1 1.1 1.2 1.3 | are, ther iciary(ies): MARY NTINGENT MARY NTINGENT TEE/TUTOR SUMMAR o pay premium monthly th monthly by annually by to Manulifi HEALTH Q DTE: All "Yess e a separate Have you ha Heart (high blood prest transient ischen Cancer (including abnot Ulcer, intesti (colitis, Crohrfs Endocrine co | Y OF PR ns: rough the y completin y cheque o e 60 days a UESTIC "" respon sheet pro ad, been ssure, high ch nic attack (T/I ormal paps, ine , polyps, etc. nditions | nt beneficiaries not required to Name (in full) of EMIUM REQUIRE 'pre-authorized debit (PA g the CESA Pension Dedu r money order for the To fter my release date. I will NNAIRE - ONLY ses in questions 1 t oviding the informati told you have, or red holesterol, chest pain, heart a b, heart murmur, stroke, etc tumors) | ED (SE AD) agree uction Au btal Annu ll be invoi co 6 req ion requ ceived t | EBLC ment" I tthoriza al Preticed an PLETI uire d uired i treatm | e this r Organ r Organ OCKS by comp ation for mium ir nually th E TO I detaile ncludir nent, n er (M) | Addin Addin Addin Addin Bleting Bla m (ML03 m (ML03 m this Bloo hereafter INITIA d infor mg your medicat | tion. ns ress and ohone #: D 10) ock 13; o E); or, ck 11, pa ck 13; o E); or, ck 13; o E); o E]; | vice or of 1.8 1.9 1.10 | Rel Monthl Monthly Enter p C RST/C INCRE Health number counsel Sexually Alcohol Disease Disease | y Premium Block Premium Block rovincial tax rat *(MB-RST, ON-R QC-QST, others (QST (if applicabl EASE COVE Questionna (SN), signatu ing for any d y transmitted abuse or disorder of or disorder of | (k 9 10 (strong) (strong) (strong) (strong) (strong) (strong) (strong) (strong) (strong) (strong) (strong) (strong) (strong) (strong) (strong) (strong) (strong) (strong) (strong) (strong) (strong) (strong) (strong) (strong) (strong) (strong) (strong) (strong) (strong) (strong) (strong) (strong) (strong) (strong) (strong) (strong) (strong) (strong) (strong) (strong) (strong) (strong) (strong) (strong) (strong) (strong) (strong) (strong) (strong) (strong) (strong) (strong) (strong) (strong) (strong) (strong) (strong) (strong) (strong) (strong) (strong) (strong) (strong) (strong) (strong) (strong) (strong) (strong) (strong) (strong) (strong) (strong) (strong) (strong) (strong) (strong) (strong) (strong) (strong) (strong) (strong) (strong) (strong) (strong) (strong) (strong) (strong) (strong) (strong) (strong) (strong) (strong) (strong) (strong) (strong) (strong) (strong) (strong) (strong) (strong) (strong) (strong) (strong) (strong) (strong) (strong) (strong) (strong) (strong) (strong) (strong) (strong) (strong) (strong) (strong) (strong) (strong) (strong) (strong) (strong) (strong) (strong) (strong) (strong) (strong) (strong) (strong) (strong) (strong) (strong) (strong) (strong) (strong) (strong) (strong) (strong) (strong) (strong) (strong) (strong) (strong) (strong) (strong) (strong) (strong) (strong) (strong) (strong) (strong) (strong) (strong) (strong) (strong) (strong) (strong) (strong) (strong) (strong) (strong) (strong) (strong) (strong) (strong) (strong) (strong) (strong) (strong) (strong) (strong) (strong) (strong) (strong) (strong) (strong) (strong) (strong) (strong) (strong) (strong) (strong) (strong) (strong) (strong) (strong) (strong) (strong) (strong) (strong) (strong) (strong) (strong) (strong) (strong) (strong) (strong) (strong) (strong) (strong) (strong) (strong) (strong) (strong) (strong) (strong) (strong) (strong) (strong) (strong) (strong) (strong) (strong) (strong) (strong) (strong) (strong) (strong) (strong) (strong) (strong) (strong) (strong) (strong) (strong) (strong) (strong) (strong) (str | dd dd GE Detail: and date ase or d ction | Date of B mm mm | To To To To | tal Mont Premi tal Mont tal Annu ditional to this a | Pe hly ly Premiu al Premiu space i pplicati | ercenta um × 12 M um is neede on. | Aonths = ed, se (5) |
| If sp You Benef CO PRI CO TRUS ^T 11. relect t a) b) c) 12. No Us 1. 1.1 1.2 1.3 1.4 | are, ther iciary(ies): MARY NTINGENT MARY NTINGENT TEE/TUTOR SUMMAR o pay premium monthly th monthly by annually by to Manulifi HEALTH Q DTE: All "Yess e a separate Have you ha Heart (high blood pres- transient ischen Cancer (including abnc Ulcer, intesti (colitis, Crohn's Endocrine co (diabetes, imper- | Y OF PR Y OF PR Y OF PR y completir y completir y completir y cheque o e 60 days a UESTIC Trespon sheet prc ad, been ssure, high d nic attack(TI/ prmal paps, ine , polyps, etc. mditions aired glucos | nt beneficiaries not required to Name (in full) of EMIUM REQUIRE 'pre-authorized debit (PA g the CESA Pension Dedu r money order for the To fter my release date. I will PNNAIRE - ONLY ses in questions 1 t byviding the informati told you have, or red heat murmur, stroke, etc tumors) | ED (SE AD) agree uction Au btal Annu ll be invoi co 6 req ion requ ceived t | EBLC ment" I tthoriza al Preticed an PLETI uire d uired i treatm | e this r Organ r Organ OCKS by comp ation for mium ir nually th E TO I detaile ncludir nent, n er (M) | Addin Addin Addin Addin Bleting Bla m (ML03 m (ML03 m this Bloo hereafter INITIA d infor mg your medicat | tion. ns ress and ohone #: D 10) ock 13; o E); or, ck 11, pa ck 13; o E); or, ck 13; o E); o E]; | vice or of 1.10 1.11 | Rel Monthly Enter p C RST/C INCRE Health number counsel Sexually Alcohol Disease (includir | y Premium Bloc Premium Bloc Premium Block rovincial tax rat *(MB-RST, ON-R QUESTIONAL C-QST, others (QST (if applicabl EASE COVE Questionna (SN), signatu ing for any d y transmitted abuse or disorder oi g asthma) | k 9 interest istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istra | dd dd GE Details and date ase or d ction | Date of B mm mm | To To To To | tal Mont Premi tal Mont tal Annu ditional to this a | Pe hly ly Premiu al Premiu space i pplicati | ercenta um × 12 M um is neede on. | Aonths = ed, se (5) |
| If sp You Benef CO PRI CO TRUS 11. I elect t a) b) c) 12. No US 1. 1. 1.1 1.2 1.3 1.4 1.5 | are, ther iciary(ies): MARY NTINGENT MARY NTINGENT TEE/TUTOR SUMMAR o pay premium monthly th monthly by annually by to Manulifi HEALTH Q DTE: All "Yess e a separate Have you ha Heart (high blood pres transient ischen Cancer (including abnc Ulcer, intesti (colitis, Crohn's Endocrine co (diabetes, impa Neurological (epilepsy, MS, 4) | Y OF PR Y OF PR Y OF PR y completir y completir y cheque o e 60 days a UESTIC Trespon sheet prc ad, been ssure, high d nic attack(TI/ prmal paps, ine , polyps, etc. ALS, etc.) | nt beneficiaries not required to Name (in full) of EMIUM REQUIRE 'pre-authorized debit (PA g the CESA Pension Dedu r money order for the To fter my release date. I will NNAIRE - ONLY ses in questions 1 t oviding the informati told you have, or red holesterol, chest pain, heart a b, heart murmur, stroke, etc tumors) | ED (SE AD) agree uction Au btal Annu ll be invoi co 6 req ion requ ceived t | EBLC ment" I tthoriza al Preticed an PLETI uire d uired i treatm | e this r Organ r Organ OCKS by comp ation for mium ir nually th E TO I detaile ncludir nent, n er (M) | Addin Addin Addin Addin Bleting Bla m (ML03 m (ML03 m this Bloo hereafter INITIA d infor mg your medicat | tion. ns ress and ohone #: D 10) ock 13; o E); or, ck 11, pa ck 13; o E); or, ck 13; o E); o E]; | vice or of 1.10 1.11 1.12 | Rel Monthly Enter p C RST/C INCRE Health number counsel Sexually Alcohol Disease (includir Disease (hepatiti | y Premium Bloc Premium Bloc Premium Block rovincial tax rat *(MB-RST, ON-R QUESTIONAL C-QST, others (QST (if applicabl EASE COVE Questionna (SN), signatu ing for any d y transmitted abuse or disorder of g asthma) or disorder of is, etc.) | k 9 interest istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istra | dd dd dd GE Details and date ase or d ction | Date of B mm mm Section e and atta isorder o | To To To To | tal Mont Premi tal Mont tal Annu ditional to this a | Pe hly ly Premiu al Premiu space i pplicati | ercenta um × 12 M um is neede on. | Aonths = ed, se (5) |
| If sp You Benef CO PRI CO TRUS 11. I elect t a) b) c) 12. No US 1. 1. 1.1 1.2 1.3 1.4 1.5 | are, ther iciary(ies): MARY NTINGENT MARY NTINGENT TEE/TUTOR SUMMARY o pay premium monthly th monthly by annually by to Manulifd HEALTH Q DTE: All "Yes e a separate Have you ha (high blood prestransient ischen Cancer (including abnc Ulcer, intesti (colits, Crohn's Endocrine co (diabetes, impg Neurological (epilepsy, MS, # Joint, limbs a | Y OF PR Y OF PR Y OF PR y completin y co | nt beneficiaries not required to Name (in full) of EMIUM REQUIRE "pre-authorized debit (PA g the CESA Pension Dedu r money order for the To fter my release date. I will NNAIRE - ONLY ses in questions 1 t bviding the informati told you have, or rec nolesterol, chest pain, heart a heart murmur, stroke, etc tumors)) e tolerances, thyroid, etc.) | ED (SE AD) agree uction Au btal Annu ll be invoi co 6 req ion requ ceived t | EBLC ment" I tthoriza al Preticed an PLETI uire d uired i treatm | e this r Organ r Organ OCKS by comp ation for mium ir nually th E TO I detaile ncludir nent, n er (M) | Addin Addin Addin Addin Bleting Bla m (ML03 m (ML03 m this Bloo hereafter INITIA d infor mg your medicat | tion. ns ress and ohone #: D 10) ock 13; o E); or, ck 11, pa ck 13; o E); or, ck 13; o E); o E]; | vice or of 1.10 1.11 | Rel Monthly Enter p C RST/C INCRE Health number counsel Sexually Alcohol Disease (includir Disease (hepatiti | Attionship y Premium Block premium Block rovincial tax rat *(MB-RST, ON-R QC-QST (if applicabl CQST (if applicabl CQST (if applicabl CQST (if applicabl COVE Questionna (SN), signatu ing for any d y transmitted abuse or disorder of g asthma) or disorder of g asthma | k 9 interest istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istrational istra | dd dd dd GE Details and date ase or d ction | Date of B mm mm Section e and atta isorder o | To To To To | tal Mont Premi tal Mont tal Annu ditional to this a | Pe hly ly Premiu al Premiu space i pplicati | ercenta um × 12 M um is neede on. | Aonths = ed, se (5) |
| If sp You Benef CO PRI CO TRUS 11. I elect t a) b) c) 12. No US 1. 1. 1.1 1.1 1.2 1.3 1.4 1.5 | are, ther iciary(ies): MARY NTINGENT MARY NTINGENT TEE/TUTOR SUMMAR o pay premium monthly th monthly by annually by to Manulifi HEALTH Q DTE: All "Yess e a separate Have you ha Heart (high blood pres transient ischen Cancer (including abnc Ulcer, intesti (colitis, Crohn's Endocrine co (diabetes, impa Neurological (epilepsy, MS, 4) | Y OF PR Y OF PR Y OF PR Y OF PR Y orough the y Y orough t | nt beneficiaries not required to Name (in full) of EMIUM REQUIRE 'pre-authorized debit (PA g the CESA Pension Dedu r money order for the To fter my release date. I will NNAIRE - ONLY ses in questions 1 t oviding the informati told you have, or ree nolesterol, chest pain, heart a (b) heart murmur, stroke, etc tumors)) e tolerances, thyroid, etc.) | ED (SE AD) agree uction Au btal Annu ll be invoi co 6 req ion requ ceived t | EBLC ment" I tthoriza al Preticed an PLETI uire d uired i treatm | e this r Organ r Organ OCKS by comp ation for mium ir nually th E TO I detaile ncludir nent, n er (M) | Addin Addin Addin Addin Bleting Bla m (ML03 m (ML03 m this Bloo hereafter INITIA d infor mg your medicat | tion. ns ress and ohone #: D 10) ock 13; o E); or, ck 11, pa ck 13; o E); or, ck 13; o E); o E]; | Image: service or constraints Image: service or constraints </td <td>Rel Monthl Monthly Enter p C RST/C INCRE Health number counsel Sexually Alcohol Disease (includir Disease (hepatiti Disease</td> <td>y Premium Bloc Premium Bloc Premium Block rovincial tax rat *(MB-RST, ON-R QUESTIONAL C-QST, others (QST (if applicabl EASE COVE Questionna (SN), signatu ing for any d y transmitted abuse or disorder of g asthma) or disorder of is, etc.)</td> <td>k 9 i 10 e*: IST, j%) RA ire - ire a iisea iisea iisea f the f the f the</td> <td>dd dd dd GE Details and date ase or d ase or d se lood lungs llungs</td> <td>Date of B mm mm Section e and atta isorder o</td> <td>To To To To</td> <td>tal Mont Premi tal Month tal Annu ditional to this a</td> <td>Pe hly ly Premiu al Premiu space i pplicati</td> <td>ercenta um × 12 M um is neede on.</td> <td>Aonths = ed, se (5)</td> | Rel Monthl Monthly Enter p C RST/C INCRE Health number counsel Sexually Alcohol Disease (includir Disease (hepatiti Disease | y Premium Bloc Premium Bloc Premium Block rovincial tax rat *(MB-RST, ON-R QUESTIONAL C-QST, others (QST (if applicabl EASE COVE Questionna (SN), signatu ing for any d y transmitted abuse or disorder of g asthma) or disorder of is, etc.) | k 9 i 10 e*: IST, j%) RA ire - ire a iisea iisea iisea f the f the f the | dd dd dd GE Details and date ase or d ase or d se lood lungs llungs | Date of B mm mm Section e and atta isorder o | To To To To | tal Mont Premi tal Month tal Annu ditional to this a | Pe hly ly Premiu al Premiu space i pplicati | ercenta um × 12 M um is neede on. | Aonths = ed, se (5) |

| 2002 | SISIP Financia |
|-------|----------------|
| age 2 | Protected "B" |

| | | | | | | | | | | | SN: | | | | | |
|-----------------------------------------------------------------|---------------|-----------------------------------------|---------------|--------------|-------------|-----------------------------------------|---------------|---------------------------------------------------|---------------------------------------|----------------|--------|----------|-------|---------|---------|---------|
| | | | | | | | | | | | | [| Mem | ber (M) | Spou | ise (S) |
| | | | | | | | | | | | | | YES | NO | YES | NO |
| | | | | | | luding AIDS or AI to the AIDS virus | | |), or any genera | lized enlarger | ment | | | | | |
| | | t five years, have y or condition, i | | | | ealth care practi ady disclosed? | tioner for a | iny | | | | | | | | |
| 4. Do you ha | ave any heal | th conditions fo | r which furtl | her treatm | ent, exam | ination, diagnost | ic test(s) or | surgery has b | een advised or | contemplated | 1? | | | | | |
| 5. Are you ta | aking any pro | escribed medica | tions? If "Y | es", list cu | rrent me | dications and d | osage in tl | ne details sect | tion below. | | | | | | | |
| 6. Are you a | ware of any | symptoms or co | omplaints re | garding yo | ur health | 2 | | | | | | | | | | |
| 7. Have you | used in any | form: cannabis, | tobacco or | nicotine pr | oducts? I | f you answer "Ye | es", please | provide detai | ils immediatel | y below: | | | | | | |
| Member (M) | F | Product #1 | Pro | duct #2 | | Product #3 | Spous | e (S) | Product | #1 | Pro | duct #2 | | Pr | oduct # | 3 |
| Product form: | | | | | | | | ct form: | | | | | | | | |
| Avg Consumptic Enter amount & rate: 1 pack/day, 5 g/week, | | | | | | | Enter an | onsumption: ount & rate: ay, 5 g/week, etc. | | | | | | | | |
| Total years of us | se: | | | | | | Total y | ears of use: | | | | | | | | |
| Last used: | | | | | | | Last us | sed: | | | | | | | | |
| | | not prescribed t please provide | | | | mphetamines, ar | nabolic ster | roids or others | ? | (M) |) YES | NO | | (S) YES | 5 🗌 N | ю 🗌 |
| Member (M) | P | Product #1 | Pro | duct #2 | | Product #3 | Spous | e (S) | Product | #1 | Pro | duct #2 | | Pr | oduct # | 3 |
| Product form: | | | | | | | | ct form: | | | | | | | | |
| Avg Consumption | | | | | | | Enter am | onsumption: | | | | | | | | |
| day, per week, etc.: Total years of us | se: | | | | | | | week, etc.: ears of use: | | | | | | | | |
| Last used: | | | | | | | Last us | sed: | | | | | | | | |
| | | lication for life, h | | | | lined, postponed | l or modifie | ed in any way? | | (M) |) YES | | | (S) YES | 5 🗌 N | ю 🗌 |
| Member (M) | | produce provide | | dd | mm | <i>уууу</i> | Spous | e (S) | | | | dd | | m | уууу | |
| Insurer: | | | | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | Insure | r: | | | | 44 | | | ,,,, | |
| Reason: | | | | | | | Reaso | n: | | | | | | | | |
| 10. Membe | er (M) | | | | | | 11. | Spouse (S) | | | | | | | | |
| Height: | | cm: | | | | | | Height: | | | | | | | | |
| Weight | | kg: | | | | | | Weight: | | | | | | | _ | |
| | | e, address and te clinic holding yo | | | | | 13. | • • • • | Name, address a ician or clinic ho | | | | | | | |
| Name: | | | Те | lephone: _ | | | Name: | | | | Te | lephone: | | | | |
| Address: | | | | | | | Addre | ss: | | | | | | | | |
| 14. Please co | mplete the f | ollowing inform | ation about | your last n | nedical vis | iit: | | | | | | | | | | |
| Patient | Date of | Last Visit yyyy | Rea | son for Vis | it | | | Nam | e and address | of Physician | or cli | nic | | | | |
| Member (M) | | | | | | | | | | | | | | | | |
| Spouse (S) | | | | | | | | | | | | | | | | |
| | | | | | | I | | | | | | | | | | |
| Note: If you | ı answere | | y questio | n from 1 | | ve please pro , signature and | | | | | e a se | parate | sheet | providi | ng the | |
| Question | | | | | | | | | | | | | | | | |

| Question Number (1 to 6) | M or S | Details, Diagnosis, Duration, Results | Dat mm | e Treated <i>yyyy</i> | Treatment & Results | Name and address of Physician or clinic |
|--------------------------------|-----------|------------------------------------------|-----------|--------------------------|---------------------|--------------------------------------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Page 3



| 13. PRE-AUTHORIZED DEBIT | (PAD) AGREEMENT | (if applicable, see Block 11) |
|---------------------------------|-----------------|-------------------------------|
| | | |

While the PAD is in effect, SISIP Financial and/or Manulife will not give notice of the premiums falling due. All provisions of SISIP Financial Policy #901102 relating to the payment or non-payment of premiums shall apply to the PAD.

SISIP Financial may change their rates, from time to time, and this authorization to deduct the associated monthly premiums shall remain in force until revoked by me, or by SISIP Financial, in writing. This notification must be received at least twenty (20) business days before the next debit.

I have certain recourse rights if any 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 PAD agreement.

I may obtain a sample cancellation form; more information on my right to cancel a PAD agreement; or, more information on my recourse rights by contacting my financial institution or visiting www.cdnpay.ca.

If there are more than two failed transactions in any twelve (12) month period, SISIP Financial and/or Manulife may terminate the PAD and invoice the undersigned for annual payments in advance.

PLEASE COMPLETE THE FOLLOWING:

Account number (7-12 digits): _

. г 7 [Business

nonth

4 Depositor(s)' signature(s) as shown on hank records:

| dd | mm | уууу |
|----|----|------|
| dd | mm | уууу |

5. Bank number (3 digits): Branch number (up to 5 digits):

> ; or, attach a VOID cheque or bank produced PAD form.

14. SIGNATURE (to be read and signed for all submissions)

Note 1: *MIB - to review information on your file, or have it corrected, visit www.mib.com for contact information.

Note 2: For further details regarding the completion of this form or concerning the Insurance for Released Members option please contact SISIP Life Insurance - Manulife at 1-800-565-0701 (in Halifax at 902-453-4300), or SISIP Financial at 1-800-267-6681.

Note 3: Forward your completed application form to: SISIP Life Insurance – Manulife, P.O. Box 1030, 2727 Joseph Howe Drive, Halifax, NS B3J 2X5.

The responses and declarations contained herein are true and complete. I realize that any material misrepresentation will render void the insurance. I hereby authorize SISIP Financial and Manulife or its reinsurers, for underwriting and administration of insurance and claims paying purposes only:

a) to gather only that information necessary for the object of the file, from any person or organization that has personal information relating to me, including other insurers, physicians and medical institutions, the Medical Information Bureau (MIB*), investigation and credit reporting agencies, and all persons or organizations likely to have personal information relevant to the object of the file;

b) to disclose only the necessary personal information it has relating to me to these same persons and organizations, specified in paragraph (a); or,

c) to request a personal investigation report relating to me.

A copy of this authorization shall be as valid as the original. This authorization is valid for the period required to achieve the ends for which it was requested.

I understand that the new coverage(s) applied for is subject to the approval of SISIP Financial and/or Manulife. Therefore, I understand that NO action should be taken to terminate existing insurance coverage(s) until notified of the decision regarding this application.

I hereby authorize a deduction from my pay account in payment of the SISIP Financial premiums at such rate as may from time to time be authorized.

The information provided on this form is protected from unauthorized disclosure under Canada's Privacy Act. Personal Information Protection and Electronic Documents Act (PIPEDA) or equivalent provincial legislation and is available to you upon request.

| | Member's ne Printed | | | | | | CAF Membe Signature: | r's | | | | | dd | | mm | уууу | | |
|---------------------------|--------------------------|-------------------|-----------------------------------------------------------------------------|----------|---------------|----------------|-------------------------|-----------|---------------|-----------------------------------------------------------------------------------------------------------------|------------------------------|------------------------|---------------------------------------------------------------|----|------|------|--|--|
| | | | | | | | | | | | | cted regarding o | | | cial | | | |
| Spouse's Name Printed: | | : | | | | | | | | | | | dd | | mm | уууу | | |
| | | Spouse's | Spouse's signature is only required to initiate or increase their coverage. | | | | | | | I consent to being notified or contacted regarding other SISIP Financial products or services: Initial:YES orNO | | | | | | | | |
| 15 | . SISIP FI | NANCI | AL AD | VISOR | who assis | ted in the com | pletion of and/ | or review | ved this forr | n | | | | | | | | |
| (| Once this | area is c | omplet | ed, this | form is to | be sent imm | ediately to SIS | SIP Finar | icial. | | | | | | | | | |
| [| Name | | B | | | | | | nch | | | | Was an Insurance Needs Analysis (INA) completed (initial): | | | | | |
| | Signature | | | | | | | dd | dd mm yyyy | | | | | | | | | |
| 16 | . APPRO | VING A | UTHO | RITY (t | o be comp | leted by SISIP | Financial or Ma | nulife) | | | | | | | | | | |
| | The Merrinsurance | | e is: | Cancell | ed 🗌 | Postponed | year(| s) | Denied [| | | proved fective Date | dd | mm | ууу | у | | |
| | The Spou insurance | usal e coverag | je is: | Cancell | ed 🗌 | Postponed | year(| s) | Denied [| | | proved fective Date | dd | mm | ууу | у | | |
| | The curre in force is | | t coverage LTD SIB IRM (M) | | | | | | IRM (S) | GOIP | GOIP (Basic) GOIP (Optional) | | | | | | | |
| | dd | mm | уууу | | SISIP Financi | al | o | R dd | mm | уууу | | Manulife | | | | | | |

| 1. Type of account: Chequing or Savings AND Personal or B |
|-------------------------------------------------------------------------------|
| 2. Day of the month to be withdrawn: 1^{st} of the month 15^{th} of the r |
| 3. Depositor(s)' name(s) as shown on bank records printed: |
| |

SN: