

Rugby Canada Insurance Program

Optional Top-Up Enrollment Form



APPLICANT INFORMATION

* indicates mandatory field

Title* _____ Last Name* _____ First Name* _____ Middle Initial _____

Date of Birth* _____ (DD/MM/YY) Gender* Male Female

Please enter a mailing address:

Home Address* _____

City* _____ Province* _____ Postal Code* _____ Telephone* _____

E-mail* _____

PLAN AND COVERAGE

Option 1: Paralysis

Option 2: Accidental Medical Reimbursement

Minor Members \$48.00 + Minor Members \$3.50 **Total** = _____

All Other Members \$30.00 + All Other Members \$7.00 **Total** = _____

Tax: Ontario Residents 8% + _____

Quebec Residents 9% + _____

Total Annual Premium = _____

PREMIUM PAYMENT OPTIONS – Credit Card or Pre-Authorized Debit

Option 1 – Credit Card: Please enter your payment details:

MasterCard VISA

Credit Card Number _____ Expiry Date _____ (MM/YY)

Cardholder Signature _____ Date _____

Option 2 – Pre-Authorized Debit:

I have attached a void cheque.

I authorize ACE INA Life Insurance and the financial institution designated to begin deduction of premium for the Rugby Canada Accidental Death & Dismemberment in the amount of \$_____ (Your annual premium) to be charged on or about the first business day of the month in which your coverage goes into effect.

Signature: _____ Date: _____

Signature: _____ Date: _____

Secondary signature required on joint account.

I have waived the right to pre-notification at least 10 days before my first PAD; however ACE INA Life Insurance will send me written notice identifying the new amount at least 10 days before each and any change in the amount of my PAD, with the exception of a reduction in tax rate. I may revoke my authorization at any time in writing or by phone, subject to a 30 day notice. To obtain a sample cancellation form or for information on my right to cancel a PAD agreement, I may contact my financial institution or visit www.cdnpay.ca. I have certain recourse rights if any PAD 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. To obtain more information on my recourse rights, I may contact my financial institution or visit www.cdnpay.ca.

AUTHORIZATION FOR USE OF YOUR PERSONAL INFORMATION & PRIVACY NOTICE

When you apply for additional coverage under the Rugby Canada Accidental Death & Dismemberment Plan, ("Plan"), underwritten by ACE INA Life Insurance ("ACE Life"), the information in ACE Life's existing insurance files and the information requested in connection with your application is required by ACE Life, its reinsurers and authorized agents to process your application, and if approved, administer your insurance policy, assess coverage and claims. ACE Life will create a file with your information, and in the event of a claim, with such information as ACE Life obtains from you and other sources, for the purpose of considering your claim and administering benefits under the Plan. Access to this file will be restricted to those ACE Life employees, authorized agents and reinsurers who require access to administer the Plan and process claims and other persons where authorized by law. You may request to review your personal information in this file or request to make a correction by writing to: The Privacy Officer; ACE INA Life Insurance, 1400 - 25 York Street, Toronto, ON M5J 2V5. For more information on privacy at ACE visit www.ace-ina.com/privacy. From time to time there may be additional or enhanced ACE Life Rugby Canada products or services available to you. The use of your personal information for the purposes of offering you such additional or enhanced products or services is entirely optional. If you do not wish your personal information to be used by ACE Life for this optional purpose, please tick here:

DECLARATION & AUTHORIZATION

DECLARATION: *I hereby declare that the above answers and statements are complete and true and I understand that concealment, misrepresentation or false declaration concerning this application will cause any policy to be void. I understand and agree that any coverage issued as a result of this application shall not take effect until this application is approved by ACE INA Life Insurance.*

AUTHORIZATION: *I hereby apply for additional coverage as indicated above under the Rugby Canada Accidental Death & Dismemberment Plan. I have read and understand the terms of this application, including the Privacy Notice & Authorization for Use of Personal Information. I understand that my coverage will not take effect until the first day of the month following the month in which ACE INA Life Insurance (ACE Life) processes my Application Form of which I will be notified. I further have read and understand the features, limitations and exclusions of the Rugby Canada Accidental Death & Dismemberment Plan. I authorize my premiums to be debited to the bank account or charged to the credit card number indicated.*

Signed at _____ this _____ day of _____ 20 _____

Applicant's Signature _____

Applicant's Name (Please Print) _____

APPLICATION INFORMATION

Please send your completed enrollment form to: ACE INA Life Insurance, Rugby Canada Insurance Program, 1400 - 25 York Street, Toronto, ON M5J 2V5

Or, fax to: 416-594-2835