

INSURANCE APPLICATION

Young Bar Association of Longueuil
Policy 17525 - Period from December 1st, 2009 to July 31st, 2010



1255, University Street, suite 217, Montreal (Quebec) H3B 3B2
5300, des Galeries Boulevard, suite 310, Quebec (Quebec) G2K 2A2
Montreal: 514.871.1181 • Quebec: 418.681.7785 • Toll Free: 1.877.371.1181

INFORMATION ABOUT YOU			
Name (first and last name)	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth (day/month/year)	
Former name	<input type="checkbox"/> English <input type="checkbox"/> French	Place of birth (province/country)	
E-mail	<input type="checkbox"/> Smoker <input type="checkbox"/> Non-smoker Non-smoker means that you have not used any tobacco products or tobacco cessation products within the last 12 consecutive months		
Address (residence or office)		City	
Province	Postal code	Bar Section	
Telephone (homee)	Telephone (office)	Fax	

INFORMATION ABOUT YOUR SPOUSE (Required only if you apply for Couple or Family coverage)			
Name (first and last name)	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth (day/month/year)	
Common law spouse: <input type="checkbox"/> Yes <input type="checkbox"/> No	Occupation: _____	<input type="checkbox"/> Smoker <input type="checkbox"/> Non-smoker Non-smoker means that you have not used any tobacco products or tobacco cessation products within the last 12 consecutive months.	
Date of cohabitation: _____ (day/month/year)			

INFORMATION ABOUT YOUR CHILDREN (Required only if you apply for Single Parent or Family coverage)			
Name of the child (first and last name)	Date of birth (day/month/year)	Sex	Student
		<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> Yes <input type="checkbox"/> No

LIFE INSURANCE AND ADD (Included with every option)			
Amount of insurance offer: \$50,000 (options 1, 2 and 3) \$25,000 (options 4, 5 and 6)		Beneficiary designation* <input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable	
Beneficiary (name in full)		Relationship to proposed insured	

*You must check revocable or irrevocable for this application to be considered complete. Where Quebec law applies, a spouse is irrevocable unless you make the designation revocable. If the beneficiary designation is revocable, the applicant can change the beneficiary at any time without the beneficiary's consent. If the beneficiary designation is irrevocable, the beneficiary's written consent is required in order for the applicant to make any change in the beneficiary or the coverage.

LIFE INSURANCE AND ADD FOR THE DEPENDENTS (If you choose a Couple, Single Parent or Family coverage, these benefits are included)	
Spouse \$5,000	Child (after 24 hours) \$2,500 The applicant is automatically the beneficiary for the spousal and dependent child life coverage.

PREMIUM PAYMENT METHOD
<p>Check one box only:</p> <p><input type="checkbox"/> Monthly Pre-authorized payment: monthly administration fee of \$1 will be applied to the monthly premium. In order to choose this type of payment, please fill in the section "Pre-authorized payment"</p> <p><input type="checkbox"/> Payment by credit card: administration fee of \$1 per transaction will be applied. In order to choose this type of payment, please fill in the section "Credit Card Payment Authorization" <input type="checkbox"/> Annual <input type="checkbox"/> Bimonthly <input type="checkbox"/> Quarterly</p> <p><input type="checkbox"/> Annual payment by check: (8 months period) Please calculate your premium in prorata according to the annual renewal date of members. The renewal date is December 1st 2009 to July 31st 2010. The check must be payable to MédicAssurance Inc..</p>

PRE-AUTHORIZED PAYMENT

I authorize, MédicAssurance inc., to withdrawal funds from my (our) account for the purposes of paying the monthly premium and to adjust the withdrawal if my monthly premium changes (following a written notice of 30 days before the effective date of the change).

NAME OF THE BANK: _____

ADDRESS OF THE BANK: _____

SIGNATURE OF ACCOUNT HOLDER: _____

SIGNATURE OF ACCOUNT HOLDER: _____ DATE: _____

PLEASE ATTACH A VOID CHECK
(a copy is accepted)

CREDIT CARD PAYMENT AUTHORIZATION

I authorize, MédicAssurance inc.; to charge my credit card for the amount due according to my insurance certificate; to adjust the amount charged to my credit card should the premiums change if a 30 days notice in writing has been given prior to the adjustment. This authorization can be cancelled at any time with 30 day's written notice.

Visa Master Card Amex

CARD NUMBER: _____ EXPIRATION DATE: _____

NAME AS INDICATED ON THE CREDIT CARD: _____

SIGNATURE: _____ DATE: _____

DECLARATION AND AUTHORIZATION

I declare that my answers in this application are true and complete and I understand that concealment, misrepresentation and false declaration concerning this application will cause the insurance to be void. A photocopy version of this declaration is as valid as the original, and shall remain in effect for the duration of my insurance coverage.

Signature of the applicant

Date of the signature (day/month/year)

To ensure the confidentiality of the personal information held on you, MédicAssurance inc. will set up an insurance file in which be entered the information provided on your insurance application, as well as any claim information.

Only those employees or representatives responsible for underwriting, investigating and processing claims or any other person authorized by yourself will have access to this file. Your file will be kept in our offices. You are entitled to consult the personal information contained in this file and to have it rectified, if necessary, by sending a written request to one of the following addresses:

- 1255, University Street, Suite 217, Montreal (Quebec) H3B 3B2
- 5300, boulevard des Galeries, Suite 310, Quebec (Quebec) G2K 2A2

IMPORTANT:

Your insurance coverage will be effective on the 1st of the following month upon receipt of your application duly completed unless you specify otherwise hereunder. The coverage cannot be effective other than the 1st of the month.

I wish my coverage be effective on the 1st of the month of _____. Your initials _____

Direct card

Monthly premium 9% tax included

OPTION I ■

(Life insurance - \$50,000, ADD, Drugs with deductible \$150 / \$250 - reimbursement: 75%, if generic drugs - reimbursement: 100%)

AGE	WOMEN				MEN			
	Single <input type="checkbox"/>	Couple <input type="checkbox"/>	Single parent <input type="checkbox"/>	Family <input type="checkbox"/>	Single <input type="checkbox"/>	Couple <input type="checkbox"/>	Single parent <input type="checkbox"/>	Family <input type="checkbox"/>
18 - 24	\$64,18	\$92,20	\$73,47	\$95,19	\$55,34	\$94,84	\$76,12	\$97,84
25 - 29	\$65,35	\$94,53	\$75,97	\$98,51	\$56,29	\$97,18	\$78,62	\$101,15
30 - 34	\$66,80	\$97,38	\$78,95	\$102,53	\$57,44	\$100,03	\$81,60	\$105,18
35 - 39	\$69,16	\$102,14	\$83,96	\$126,65	\$59,33	\$104,77	\$86,60	\$111,80
40 - 44	\$84,94	\$125,09	\$103,29	\$154,49	\$74,31	\$129,42	\$107,60	\$137,85
45 - 49	\$105,94	\$153,59	\$127,41	\$188,90	\$95,04	\$160,66	\$134,48	\$170,78
50 - 64	\$161,99	\$225,40	\$190,06	\$273,06	\$162,75	\$250,44	\$215,10	\$264,09

OPTION 2 ■

(Life insurance - \$50,000, ADD, Drugs - reimbursement: 75%, if generic drugs - reimbursement: 100%, Extended Health Care - reimbursement: 80%, deductible \$150 / \$250 applicable to all medical expenses excluding hospital expenses, expenses incurred outside the province or the country and dental expenses, Travel Insurance and Trip Cancellation Insurance)

AGE	WOMEN				MEN			
	Single <input type="checkbox"/>	Couple <input type="checkbox"/>	Single parent <input type="checkbox"/>	Family <input type="checkbox"/>	Single <input type="checkbox"/>	Couple <input type="checkbox"/>	Single parent <input type="checkbox"/>	Family <input type="checkbox"/>
18 - 24	\$90,25	\$142,88	\$107,75	\$147,72	\$76,20	\$145,54	\$121,31	\$158,06
25 - 29	\$103,87	\$160,71	\$129,59	\$170,04	\$87,08	\$163,36	\$132,23	\$172,68
30 - 34	\$105,65	\$167,20	\$136,61	\$179,37	\$88,53	\$169,82	\$139,28	\$182,09
35 - 39	\$110,29	\$178,27	\$146,35	\$192,67	\$92,23	\$180,92	\$158,41	\$207,58
40 - 44	\$134,28	\$216,44	\$178,15	\$233,75	\$113,75	\$220,79	\$193,78	\$252,78
45 - 49	\$165,13	\$263,24	\$217,27	\$283,98	\$142,38	\$270,28	\$237,91	\$308,67
50 - 64	\$241,90	\$373,40	\$311,36	\$401,42	\$226,69	\$398,45	\$354,70	\$450,28

OPTION 3 ■

(Life insurance - \$50,000, ADD, Drugs - reimbursement: 75%, if generic drugs - reimbursement: 100%, Extended Health Care - reimbursement: 80%, deductible \$150 / \$250 applicable to all medical expenses excluding hospital expenses, expenses incurred outside the province or the country and dental expenses, Travel Insurance and Trip Cancellation Insurance, Dental - reimbursement: 80%)

AGE	WOMEN				MEN			
	Single <input type="checkbox"/>	Couple <input type="checkbox"/>	Single parent <input type="checkbox"/>	Family <input type="checkbox"/>	Single <input type="checkbox"/>	Couple <input type="checkbox"/>	Single parent <input type="checkbox"/>	Family <input type="checkbox"/>
18 - 24	\$164,36	\$291,11	\$244,10	\$329,51	\$150,31	\$293,77	\$257,66	\$339,85
25 - 29	\$177,98	\$308,94	\$265,94	\$351,83	\$161,19	\$311,59	\$268,58	\$354,47
30 - 34	\$179,76	\$315,43	\$272,96	\$361,16	\$162,64	\$318,05	\$275,63	\$363,88
35 - 39	\$184,40	\$326,50	\$282,70	\$374,46	\$166,34	\$329,15	\$294,76	\$389,37
40 - 44	\$208,39	\$364,67	\$314,50	\$415,54	\$187,86	\$369,02	\$330,13	\$434,57
45 - 49	\$239,24	\$411,47	\$353,62	\$465,77	\$216,49	\$418,51	\$374,26	\$490,46
50 - 64	\$316,01	\$521,63	\$447,71	\$583,21	\$300,80	\$546,68	\$491,05	\$632,07

OPTION 4 ■

(Life insurance - \$25,000, ADD, Drugs with deductible \$800 / \$800 - reimbursement: 100%)

AGE	WOMEN				MEN			
	Single <input type="checkbox"/>	Couple <input type="checkbox"/>	Single parent <input type="checkbox"/>	Family <input type="checkbox"/>	Single <input type="checkbox"/>	Couple <input type="checkbox"/>	Single parent <input type="checkbox"/>	Family <input type="checkbox"/>
18 - 24	\$28,71	\$41,98	\$33,73	\$43,31	\$24,97	\$43,31	\$35,06	\$44,63
25 - 29	\$29,23	\$43,02	\$34,83	\$44,79	\$25,39	\$44,34	\$36,16	\$46,12
30 - 34	\$29,86	\$44,27	\$36,15	\$46,54	\$25,88	\$45,61	\$37,47	\$47,88
35 - 39	\$30,90	\$46,37	\$38,35	\$57,20	\$26,71	\$47,70	\$39,68	\$50,79
40 - 44	\$38,05	\$57,22	\$47,57	\$70,19	\$33,62	\$59,37	\$49,74	\$63,09
45 - 49	\$47,68	\$70,14	\$58,61	\$85,73	\$43,27	\$73,67	\$62,10	\$78,12
50 - 64	\$73,82	\$103,26	\$87,68	\$124,29	\$75,62	\$115,78	\$100,18	\$121,80

OPTION 5 ■

(Life insurance - \$25,000, ADD, Drugs - reimbursement: 100%, Extended Health Care - reimbursement: 80%, deductible \$800 / \$800 applicable to all medical expenses excluding hospital expenses, expenses incurred outside the province or the country and dental expenses, Travel Insurance and Trip Cancellation Insurance)

AGE	WOMEN				MEN			
	Single <input type="checkbox"/>	Couple <input type="checkbox"/>	Single parent <input type="checkbox"/>	Family <input type="checkbox"/>	Single <input type="checkbox"/>	Couple <input type="checkbox"/>	Single parent <input type="checkbox"/>	Family <input type="checkbox"/>
18 - 24	\$40,22	\$64,36	\$48,85	\$66,49	\$34,18	\$65,68	\$55,00	\$71,23
25 - 29	\$46,19	\$72,21	\$58,50	\$76,32	\$38,96	\$73,55	\$59,83	\$77,67
30 - 34	\$46,99	\$75,09	\$61,59	\$80,45	\$39,59	\$76,42	\$62,93	\$81,81
35 - 39	\$49,05	\$79,96	\$65,88	\$86,30	\$41,24	\$81,30	\$71,36	\$93,06
40 - 44	\$59,83	\$97,51	\$80,63	\$105,13	\$51,03	\$99,69	\$87,78	\$113,83
45 - 49	\$73,81	\$118,49	\$98,24	\$127,64	\$64,18	\$122,03	\$107,74	\$138,99
50 - 64	\$109,10	\$168,54	\$141,19	\$180,88	\$103,85	\$181,08	\$161,77	\$203,96

OPTION 6

(Life insurance - \$25,000, ADD, Drugs - reimbursement: 100%, Extended Health Care - reimbursement: 80%, deductible \$800 / \$800 applicable to all medical expenses excluding hospital expenses, expenses incurred outside the province or the country and dental expenses, Travel Insurance and Trip Cancellation Insurance, Dental - reimbursement: 80%)

AGE	WOMEN				MEN			
	Single <input type="checkbox"/>	Couple <input type="checkbox"/>	Single parent <input type="checkbox"/>	Family <input type="checkbox"/>	Single <input type="checkbox"/>	Couple <input type="checkbox"/>	Single parent <input type="checkbox"/>	Family <input type="checkbox"/>
18 - 24	\$114,33	\$212,59	\$185,20	\$248,28	\$108,29	\$213,91	\$191,35	\$253,02
25 - 29	\$120,30	\$220,44	\$194,85	\$258,11	\$113,07	\$221,78	\$196,18	\$259,46
30 - 34	\$121,10	\$223,32	\$197,94	\$262,24	\$113,70	\$224,65	\$199,28	\$263,60
35 - 39	\$123,16	\$228,19	\$202,23	\$268,09	\$115,35	\$229,53	\$207,71	\$274,85
40 - 44	\$133,94	\$245,74	\$216,98	\$286,92	\$125,14	\$247,92	\$224,13	\$295,62
45 - 49	\$147,92	\$266,72	\$234,59	\$309,43	\$138,29	\$270,26	\$244,09	\$320,78
50 - 64	\$183,21	\$316,77	\$277,54	\$362,67	\$177,96	\$329,31	\$298,12	\$385,75

LONG TERM DISABILITY INSURANCE (PER \$100) ■

Join the proof of health application completed with copy of your last Federal Income Tax Report for this option (119 days waiting period)

AGE	WOMEN	MEN
18 - 24	\$0,41	\$0,37
25 - 29	\$0,55	\$0,45
30 - 34	\$0,72	\$0,59
35 - 39	\$1,20	\$0,96
40 - 64	\$5,82	\$4,32

