

INSURANCE APPLICATION



1255 University Street, suite 217, Montreal, Quebec H3B 3B2
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Young Bar Association of Montreal

Policy 0327 - Period from August 1, 2011 to July 31, 2012

INFORMATION ABOUT YOU			
Name (first and last name)	Woman	Man	Date of birth (day / month / year)
Former name	English	French	Place of birth (province / country)
E-mail address	Smoker 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	Office	City
Province	Postal code		
Telephone (residence)	Telephone (office)		Fax

INFORMATION ABOUT YOUR SPOUSE (Required only if you apply for Couple or Family coverage)			
Name (first and last name)	Woman	Man	Date of birth (day / month / year)
Common law spouse: Yes No Occupation: _____	Smoker 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	
		Female	Male	Yes	No
		Female	Male	Yes	No
		Female	Male	Yes	No
		Female	Male	Yes	No
		Female	Male	Yes	No

LIFE INSURANCE AND ADD (Section that must be completed)			
Amount of insurance offer: \$25,000	Beneficiary designation*	Revocable	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 (Included with each option)	
Spouse \$5,000	Child (after 24 hours) \$2,500 The applicant is automatically the beneficiary for the spousal and dependent child life coverage.

OPTION 3

(Life insurance - \$25,000, ADD, Drugs - reimbursement: 75%, if generic drugs - reimbursement: 100%, Extended Health Care - reimbursement: 80%, deductible \$150 / \$250 applicable to drugs and extended health care excluding hospital expenses and expenses incurred outside the province, Travel Insurance and Trip Cancellation Insurance, Dental - reimbursement: 80%)

AGE	WOMAN				MAN			
	Single	Couple	Single parent	Family	Single	Couple	Single parent	Family
18 - 24	\$126,80	\$218,15	\$178,50	\$241,94	\$116,83	\$224,24	\$194,90	\$255,36
25 - 29	\$139,81	\$235,10	\$199,19	\$263,11	\$123,74	\$235,06	\$200,28	\$262,83
30 - 34	\$141,61	\$241,32	\$205,92	\$271,96	\$125,05	\$240,97	\$206,72	\$271,43
35 - 39	\$146,18	\$251,89	\$215,25	\$284,65	\$127,97	\$249,61	\$222,98	\$292,93
40 - 44	\$159,08	\$271,91	\$232,18	\$306,09	\$137,66	\$265,34	\$237,29	\$310,32
45 - 49	\$177,72	\$299,14	\$255,25	\$335,20	\$157,00	\$296,20	\$265,19	\$344,74
50 - 54	\$197,87	\$321,46	\$275,40	\$357,74	\$184,12	\$320,59	\$289,48	\$368,22
55 - 59	\$228,52	\$369,92	\$315,40	\$409,98	\$211,50	\$371,00	\$333,92	\$425,42
60 - 64	\$257,59	\$416,86	\$354,09	\$460,79	\$239,86	\$429,31	\$384,72	\$492,83

OPTION 4

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

AGE	WOMAN				MAN			
	Single	Couple	Single parent	Family	Single	Couple	Single parent	Family
18 - 24	\$33,73	\$56,93	\$46,08	\$59,17	\$34,30	\$59,83	\$49,62	\$62,03
25 - 29	\$34,78	\$58,56	\$47,79	\$61,37	\$34,73	\$60,67	\$50,55	\$63,47
30 - 34	\$36,82	\$60,35	\$49,68	\$63,83	\$35,20	\$62,29	\$52,23	\$65,72
35 - 39	\$38,80	\$66,14	\$55,11	\$81,40	\$40,23	\$65,70	\$55,77	\$70,16
40 - 44	\$41,98	\$82,04	\$68,69	\$100,35	\$41,65	\$82,92	\$70,84	\$88,22
45 - 49	\$42,69	\$103,07	\$84,62	\$125,52	\$45,69	\$105,57	\$82,87	\$111,90
50 - 54	\$44,94	\$121,88	\$91,37	\$148,72	\$47,94	\$119,92	\$88,93	\$142,52
55 - 59	\$51,68	\$140,93	\$105,75	\$176,44	\$54,68	\$137,59	\$101,58	\$174,00
60 - 64	\$58,42	\$159,93	\$120,27	\$194,13	\$61,42	\$154,06	\$112,92	\$195,96

OPTION 5

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

AGE	WOMAN				MAN			
	Single	Couple	Single parent	Family	Single	Couple	Single parent	Family
18 - 24	\$52,59	\$83,79	\$64,01	\$86,97	\$45,42	\$83,79	\$71,14	\$91,00
25 - 29	\$60,43	\$94,01	\$76,52	\$99,70	\$52,11	\$95,40	\$78,72	\$101,00
30 - 34	\$61,59	\$97,81	\$80,60	\$105,09	\$54,25	\$101,56	\$84,61	\$108,94
35 - 39	\$67,22	\$108,74	\$90,00	\$117,62	\$57,98	\$110,32	\$97,68	\$126,11
40 - 44	\$79,18	\$127,92	\$106,25	\$138,13	\$68,14	\$127,77	\$113,52	\$145,52
45 - 49	\$98,56	\$156,67	\$130,51	\$168,93	\$87,95	\$159,99	\$142,55	\$181,54
50 - 54	\$119,13	\$179,10	\$151,87	\$191,99	\$117,69	\$190,79	\$172,95	\$212,91
55 - 59	\$148,14	\$222,96	\$189,55	\$239,18	\$143,77	\$236,24	\$213,97	\$264,28
60 - 64	\$175,62	\$264,38	\$226,01	\$284,04	\$172,16	\$290,53	\$262,72	\$326,68

OPTION 6

(Life insurance - \$25,000, ADD, Drugs - reimbursement: 100%, Extended Health Care - reimbursement: 80%, deductible \$800 / \$800 applicable to drugs and extended health care hospital expenses and expenses incurred outside the province, Travel Insurance and Trip Cancellation Insurance, Dental - reimbursement: 80%)

AGE	WOMAN				MAN			
	Single	Couple	Single parent	Family	Single	Couple	Single parent	Family
18 - 24	\$94,06	\$166,71	\$140,29	\$188,68	\$86,89	\$166,72	\$147,43	\$192,71
25 - 29	\$101,90	\$176,94	\$152,80	\$201,41	\$93,58	\$178,33	\$155,01	\$202,71
30 - 34	\$103,06	\$180,74	\$156,88	\$206,80	\$95,72	\$184,49	\$160,89	\$210,65
35 - 39	\$108,69	\$191,67	\$166,28	\$219,32	\$99,44	\$193,25	\$173,96	\$227,82
40 - 44	\$120,65	\$210,85	\$182,53	\$239,84	\$109,61	\$210,70	\$189,80	\$247,23
45 - 49	\$140,03	\$239,60	\$206,79	\$270,64	\$129,42	\$242,92	\$218,83	\$283,25
50 - 54	\$160,60	\$262,03	\$228,15	\$293,69	\$159,16	\$273,72	\$249,23	\$314,62
55 - 59	\$189,61	\$305,89	\$265,84	\$340,89	\$185,24	\$319,16	\$290,25	\$365,99
60 - 64	\$217,09	\$347,31	\$302,30	\$385,75	\$213,63	\$373,46	\$339,01	\$428,39

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	WOMAN	MAN
18 - 24	\$0,41	\$0,37
25 - 29	\$0,55	\$0,45
30 - 34	\$0,72	\$0,59
35 - 39	\$1,20	\$0,85
40 - 44	\$2,08	\$1,47
45 - 49	\$2,47	\$2,48
50 - 54	\$2,87	\$3,85
55 - 59	\$3,27	\$4,64
60 - 64	\$2,34	\$3,68

PAYMENT AUTHORIZATION



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PREMIUM PAYMENT METHOD

I wish to use the following means of payment:

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".

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": Annual Half-yearly Quarterly Bimonthly Monthly

Annual payment by check: Please calculate your premium in prorata according to the annual renewal date of members.

The period of coverage is from August 1, 2011 to July 31, 2012. The check must be payable to MédicAssurance Inc.

PRE-AUTHORIZED PAYMENT

I hereby authorize MédicAssurance Inc. to withdraw from my account, the details of which appear on the attached specimen cheque, the sum of \$ _____ on the 1st day of each month and to change the amount to be debited from my account in case of a change in the premiums for which notice has been given 30 days' prior to the date on which the change takes effect.

SIGNATURE OF ACCOUNT HOLDER(S): _____
(electronic signatures are not accepted)

DATE: _____ (day) / _____ (month) / _____ (year) TYPE OF SERVICE: Personal Business

I may revoke my authorization at any time, subject to providing notice of 30 days. To obtain a sample cancellation form, or for more information on my right to cancel a PAD (Pre-Authorized Debit) Agreement, I may contact my financial institution or visit www.cdnpay.ca.

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. To obtain more information on my recourse rights, I may contact my financial institution or visit www.cdnpay.ca.

ATTACH A SPECIMEN CHEQUE MARKED "VOID"

(A copy is accepted)

CREDIT CARD PAYMENT AUTHORIZATION

I hereby authorize MédicAssurance inc. (plan administrator) to charge my credit card for the amount due according to my insurance certificate and 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 days written notice.

Visa MasterCard American Express

CARD NUMBER: _____ EXPIRATION DATE: _____ (month) / _____ (year)

CARDHOLDER NAME (as indicated on the card): _____

SIGNATURE: _____ DATE: _____ (day) / _____ (month) / _____ (year)

(electronic signatures are not accepted)

THE CONSEQUENCES OF NON-PAYMENT

You are solely responsible for the consequences of a non-payment and any obligations that it may give rise to under the terms and conditions of the policy contract.

You are in default of payment when a pre-authorized payment is not honoured because of non-sufficient funds, closed account or other similar reasons.

If your financial institution does not honour a debit because of non-sufficient funds, MédicAssurance Inc. will debit that amount again with the next monthly debit along with a fee of \$25 after the third return not honoured. MédicAssurance Inc. may also terminate this agreement and the annual premium would then be due for all policies covered by this Agreement.

A notice of "Stop Payment" initiated by you without prior agreement with MédicAssurance Inc. for the payment of the premium, will result in the cancellation of all policies covered by this Agreement.

DOCUMENT TO BE COMPLETED AND RETURNED, ACCOMPANIED BY THE APPLICATION DULY COMPLETED.