

GROUP INSURANCE APPLICATION



New enrolment		Modification					
To be completed by the plan administrator		Group		Division	Certificate		
Section A : To be completed by the applicant							
Hiring date				Effective date			
Real Estate Agency							
Section B : To be completed by the applicant							
Last name				First name			
Date of birth ____ / ____ / ____		Female	Male	Language preference	French English		
Adress							
Civic number	Street		City		Province Postal Code		
					QC		
Contact							
Home			Cellular		Work		
Email							
Banking information (attach unsigned "voided" cheque)							
Financial institution							
Branch							
Bank							
Account							
Dependant identification							
	Last name		First name		Gender Date of birth (dd/mm/yyyy) Status **		
Spouse *					F M N/A		
Child					F M		
Child					F M		
Child					F M		
Child					F M		
Child					F M		
* If common-law spouse, please specify date cohabitation began (dd/mm/yyyy):		____ / ____ / ____					
** Dependant child status		S = Age 21 to 25 and full time student with proof of school T = Total disability - if the dependant has a physical or mental handicap					
	Essential		Plus		Integral		Total premium (tax included) \$ /month
	18 à 69 ans	70 ans et +	18 à 69 ans	70 ans et +	18 à 69 ans	70 ans et +	
Single	\$101.06	\$153.38	\$140.83	\$193.15	\$191.47	\$243.79	
Family	\$251.72	\$356.36	\$347.56	\$452.20	\$489.31	\$593.95	
Single-Parent	\$162.45	\$267.09	\$223.82	\$328.46	\$304.83	\$409.47	
Couple	\$202.12	\$306.76	\$278.80	\$383.44	\$380.13	\$484.77	
NOTES:							
*Up to 65 years old : full protection *65 years old and over : 2nd payer for medication							
Date:				Signature:			
To be completed by the plan administrator							
Processed by	GSC	PRIMA	CAP	MV	CONF		
Date :						Rep.	

Application Real estate broker

Pre-Authorized Debit Agreement

Banking information

If the banking information was not provided on the application, please join a "VOID" cheque.

Withdrawal arrangement

This preauthorized agreement is considered a variable one.

1. I authorize the insurer or his authorized representative Odyssey Financial Group, a division of People Corporation, to begin deductions, at any time, as per my instructions for regular recurring payments for the amount indicated in the application.
2. If a preauthorized debit is returned due to insufficient funds (NSF) in the account, the insurer or his authorized representative, will withdraw the related \$45 fee from the same account, without notice.,
3. I agree to the debiting of my account on the regular preauthorized debit (PAD) withdrawal day as indicated on the application or the next business day (Subject to change).

Waiver

I waive the right to receive 10 days' notice of an increase or decrease in the amount of automatic withdrawal or a change in the date of the withdrawal.*

Cancellation

You may cancel this preauthorized debit agreement at any time, subject to providing Odyssey Financial Group, a division of People Corporation, with 10 days' written notice. Contact your financial institution about your rights regarding cancellation. (A sample cancellation form is available at www.cdnpay.ca)

Method of payment

Any cancellation of this preauthorized debit agreement will not affect the agreement between you and Odyssey Financial Group, a division of People Corporation, whatsoever, so long as payment is provided by an alternate method.

Recourse & Reimbursement

You have certain recourse rights if any debit does not comply with this agreement. For example, you 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 your recourse rights, contact your financial institution or visit www.cdnpay.ca.

Exclusive Rights

All amounts transferred from the preauthorized bank account for the premium payment are for the exclusive benefit of the owner of the insurance policy.

****The insurer will not increase you preauthorized debit or change your debit date after your insurance contract becomes effective.***

Records and personal information

In order to protect your personal information, the insurer is responsible for ensuring that a file is established and retained in which the information pertaining to your application for insurance or annuity as well as the information pertaining to any insurance claim will be placed.

Only those employees or agents who are responsible for risk selection, investigations and claims, or any other person you have authorized, will have access to your file.

Your file will be kept on the premises of the company's offices in Montreal.

We agree that a photocopy or an electronic version of the present PDA Agreement is as valid as the original.

You are entitled to consult any personal information held in your file and, if applicable, to have it corrected by submitting a written request to the following email address: info@odysseedirect.com

X _____
Member signature

Date