

Enrollment Form

☒ **YES!** I (we) want to enroll in **ProActive, Personal Injury Insurance**.

1- Personal information

You				Your spouse (if enrolling)			
First Name		Last Name		First Name		Last Name	
Address		Suite		Address		Suite	
City		Postal Code		City		Postal Code	
Date of Birth		<input type="checkbox"/> Male <input type="checkbox"/> Female		Date of Birth		<input type="checkbox"/> Male <input type="checkbox"/> Female	
Telephone (Home)		Telephone (Work)		Telephone (Home)		Telephone (Work)	
Email (optional)				Email (optional)			

2- Choose the level of protection you prefer

	You	Your spouse (if enrolling)
Check <input checked="" type="checkbox"/> one option for each person	<input type="checkbox"/> Level 1 \$9.95 / month	<input type="checkbox"/> Level 1 \$9.95 / month
	<input type="checkbox"/> Level 2 \$17.95 / month	<input type="checkbox"/> Level 2 \$17.95 / month
	<input type="checkbox"/> Level 3 \$24.95 / month	<input type="checkbox"/> Level 3 \$24.95 / month

3- Declarations and authorizations – Please complete and sign

By signing on page 2, I agree to enroll in **ProActive, Personal Injury Insurance**. The plan is issued by National Bank Life Insurance Company, hereafter referred to as the "Insurer".

I **understand** that my policy contract, confirming the level of protection I have selected, will be sent to me shortly. I **agree** to be bound by all the provisions of the Insurance policy.

I **understand** that my coverage becomes effective the day the Insurer receives this completed Enrollment Form and that the first premium will be withdrawn from my account 10 days after this date. I have 30 days to review my policy and if I am not completely satisfied, I can cancel my coverage during this period and receive a refund of any premiums paid.

I **declare** that I am between the ages of 18 and 75 and that I am a Canadian resident. I **declare** that the information provided on this Enrollment Form is true and complete.

I **acknowledge** that I have read and understood the terms of the plan coverage, including the exclusions and the explanation of the "Pre-existing condition or illness" on page 2.

I **also acknowledge** having read the notice "Access to personal information" on page 2 of this Enrollment Form.

I **authorize** the Insurer to include my name, address and telephone number in its list of clients for business or charitable prospecting by the Insurer or any person to whom it agrees to release this list, and I reserve the right to terminate this authorization at any time by verbal or written request to the Insurer.

I **undertake** to inform you immediately, in writing, of any change to my name, address and telephone number so that you can update your files.

I **request** that my policy contract be concluded in English. / Je demande que le libellé de ma police soit établi en anglais.

I **hereby** authorize the Insurer to deduct each month from my account indicated on page 2, all amounts required for the insurance premium under this application.

Pre-authorized Debit Application – Payor's PAD Agreement ☒ Personal ☐ Business

Withdrawal authorization (frequency and amount of debits): I, the undersigned, **authorize** the Insurer, its successors, potential transferees or assigns, to carry out, effective immediately, personal pre-authorized debits (PADs) for the amount of the premium corresponding to the level selected above on my account held at the financial institution designated on page 2, on a monthly basis starting with the payment of the initial premium. The date of payment of the initial premium will be indicated in the "Summary of Coverage" which I will receive when the insurance policy is mailed, subject to approval of my application by the Insurer.

Each withdrawal corresponds to a fixed amount which can be modified, in particular should the withdrawal of the initial premium not be accepted, provided the Insurer sends me a written notice at least 10 days before the deadline of the modified withdrawal.

Waiver: I waive any other confirmation before the first payment. I waive my right to receive notification should the amount of the withdrawal change.

Change or cancellation: I **agree** to notify the Insurer, at least five days before the next scheduled withdrawal, of any changes to the bank account or to the National Bank MasterCard credit account information and to the date of payment. I **also authorize** the Insurer to make withdrawals on another account, following my verbal or written instructions. In the case of a joint account, the expression "I" used in this agreement refers to all signatories.

This authorization remains in effect until the Insurer receives notification of any changes or cancellation by me. I **may revoke** my authorization at any time, subject to providing 30 days notice. I may obtain a sample cancellation form, or further information on my right to cancel a PAD Agreement, at my financial institution or by visiting the Canadian Payments Association website at www.cdnpay.ca. I **release** the financial institution from any liability if the revocation is not respected, except in the case of gross negligence on its part.

Reimbursement: I have certain recourse rights if a 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 Personal PAD Agreement. For more information on my recourse rights, I may contact my financial institution or visit www.cdnpay.ca.

Consent to the disclosure of information: I **agree and understand** that the information contained in my pre-authorized debit application will be disclosed to the financial institution, to the extent that such disclosure is directly related to and necessary for the proper application of regulations related to pre-authorized debits.

(Select one option only)

Name of the Financial Institution where the account is held	Branch Address

[illegible]

PAYEE: National Bank Life Insurance Company, 1100 University, 5th Floor, Montreal, Quebec, H3B 2G7,
Telephone: 1-877-871-7500 Fax: 514-394-6604

Card No.

MM AA
Expiry Date

X _____

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 Your Spouse's Signature (if enrolling) Today's Date

4- Exclusions, restrictions and limitations

No benefit is paid where the Injury or the Covered Accident of the Insured is caused, directly or indirectly, by one or more of the following circumstances:

- **Self-inflicted Injury** – attempted suicide or self-inflicted Injury, whether the Insured is sane or insane;
- **War or insurrection** – declared or undeclared war, any act of war, riot or insurrection, or service in the armed forces of any country or international organization;
- **Alcohol** – any cause while the Insured's blood contains more than eighty (80) milligrams of alcohol per one hundred (100) millilitres of blood;
- **Drugs or poison** – any voluntary ingestion of poison, toxic or non-toxic substances, or drugs, sedatives or narcotics except as prescribed by a Physician, or any voluntary inhalation of gas or fumes;
- **Criminal offence** – committing or attempting to commit a criminal offence, or committing or inciting assault;
- **High-risk activities** – including, but not limited to, participating in motor vehicle racing, scuba diving, skydiving, parachuting, hang-gliding, rock or mountain climbing, bungee jumping or participating in a sporting competition;
- **Insolation** – result of excessive exposure to the sun or tanning beds;
- **Aircraft** – during a trip or a flight or while boarding or disembarking from an aircraft on which the Insured is a pilot, officer or crew member, or in which the Insured gave or received training or performed a duty;
- **Terrorist activity** – activity involving the use or release of nuclear, chemical or biological weapons, devices and/or agents.

Pre-existing condition or illness – no benefits for a Fracture is payable where a diagnosis of osteoporosis or any other health problem causing the weakening of one or more bones predates the insurance effective date

Special provision relating to osteoporosis or bone disease

If a Fracture-related claim is submitted under the Insurance Policy and a first (1st) diagnosis of osteoporosis or bone disease is made after the insurance effective date, the maximum amount payable during the Insured's lifetime for all sustained Fractures, including the Fracture sustained at the time of the first (1st) diagnosis, will be: • \$6,250 under Level 1 coverage, including the amount provided under the Recovery Benefit; • \$12,500 under Level 2 coverage, including the amount provided under the Recovery Benefit; • \$18,750 under Level 3 coverage, including the amount provided under the Recovery Benefit. The Insured can opt to continue the coverage for accidental death, Dislocations, Paralysis and second (2nd) and third (3rd) degree Burns.

For the same Covered Accident, the maximum benefit payable for any combination of Fractures, Dislocations and Burns is: • \$6,250 under Level 1 coverage, including the amount provided under the Recovery Benefit; • \$12,500 under Level 2 coverage, including the amount provided under the Recovery Benefit; • \$18,750 under Level 3 coverage, including the amount provided under the Recovery Benefit. Should the Paralysis benefit become payable for the same Covered Accident, said benefit and its associated Recovery Benefit are paid additionally.

If an accidental death benefit is payable under the Insurance Policy and benefits have already been paid for Injuries for the Covered Accident, said benefits will be deducted from the accidental death benefit amount.

All injury benefits and the maximum benefit amounts under the Insured's level of coverage are reduced by fifty percent (50%) when the Insured reaches eighty-one (81) years of age. The Recovery Benefit remains at twenty-five percent (25%) and applies on the reduced coverage amount. The premium will not be reduced when benefit amounts are reduced.

In order to protect the confidentiality of the personal information that is held on you, the Insurer will establish an insurance file in which the information regarding your application for insurance and any claim will be included. Only those employees or agents who are responsible for underwriting, administration, investigation and claims including the reinsurer, or any other person authorized by you, will have access to this file. Your file will be held in the Insurer's office. You will be entitled to have access to the personal information contained in your file, and if appropriate, have it corrected by sending a written request to: National Bank Life Insurance Company, Personal Information Access Officer, 1100 University Street, 5th Floor, Montreal, Quebec, H3B 2G7.

**Please mail both pages of your Enrollment Form to: National Bank Life Insurance Company,
Customer Service, 1100 University, 5th Floor, Montreal, Quebec, H3B 2G7**

National Bank Insurance is a trademark used by National Bank of Canada and some of its subsidiaries.