



Multi-Life Enrollment Form – Critical Illness (GSI Version)

LEAR INSURANCE-CI

GROUP NAME		DATE OF BIRTH	SOCIAL INS. NO.	SEX	Language for contract?	
		Mo ___ Day ___ Yr _____			English <input type="checkbox"/> French <input type="checkbox"/>	
NAME OF PROPOSED INSURED				PROPOSED INSURED TELEPHONE NO.		
ADDRESS		CITY	PROVINCE	POSTAL CODE		
OCCUPATION		STARTING DATE AT COMPANY	Current HRS/WEEK	WKS/YR		
		Mo ___ Day ___ Yr _____				
Currently working on a full-time basis?		STARTING DATE IN THE LEAR INSURANCE PROGRAM				
Yes <input type="checkbox"/> No <input type="checkbox"/>		Mo ___ Day ___ Yr _____				
If no, reason:						
EMPLOYER – NAME AND ADDRESS						
QUESTIONNAIRE:						Yes No
(1) Have you used tobacco products including any smoking cessation products within the past 12 months?						<input type="checkbox"/> <input type="checkbox"/>
(2) Has an individual, group or association insurance company ever denied you critical illness coverage?						<input type="checkbox"/> <input type="checkbox"/>
(3) Do you read and speak English and/or French fluently? If no, coverage is not available.						<input type="checkbox"/> <input type="checkbox"/>
Details to "YES" answers for questions 1 and 2:						
#						
#						
INSURANCE APPLIED FOR						
PLAN NAME	BENEFIT PERIOD	BENEFIT AMOUNT	OPTIONAL BENEFITS			
<p>It is understood and agreed as follows:</p> <p>1) I have read the foregoing statements and answers. They are true and complete. This enrollment form will be part of any individual policy issued as a result.</p> <p>2) No agent or broker has authority to waive the answer to any question, to determine insurability, to waive any rights or requirements or to make or alter any contract or policy on behalf of RBC Insurance.</p> <p>3) The insurance applied for will not become effective unless the issuance of the policy and payment of the first premium occur while the foregoing statements and answers remain the same.</p> <p>4) Acceptance of any policy issued as a result of this enrollment form will ratify my acceptance of any differences in the terms of coverage between the policy wording and as stated in this form.</p> <p>5) RBC Insurance shall not be liable for any claim commencing prior to the effective date of insurance.</p> <p>6) Any policy issued as a result of this application shall be subject to a pre-existing conditions amendment (which contains a coverage exclusion based on my pre-existing health). Also, a Cancer Exclusion Amendment will be included with the policy, if applicable.</p> <p>7) I hereby authorize RBC Insurance to use my Social Insurance Number specifically for my insurance file identification, any tax reporting purposes, and all other matters pertaining to my insurance plan.</p> <p>8) The undersigned acknowledges receipt of the Notice of Medical Information Bureau.</p> <p>9) If either a third party administrator (TPA) or the employer is paying premiums on my behalf, I hereby authorize RBC Insurance to receive and accept premium payments from my EMPLOYER/TPA, pay any premium refunds to my EMPLOYER/TPA, send any premium notices or premium lapse notices to my EMPLOYER/TPA, and I understand and agree that for the purposes set out herein that my EMPLOYER/TPA shall be my agent, and the payment of premium refunds or the sending of notices referred to herein to my EMPLOYER/TPA shall be deemed to be sufficient or notice to me.</p>						
SIGNATURES:						
Proposed Insured:				Date:		
_____				_____		