

DOCTORS MANITOBA APPLICATION TO EXERCISE FUTURE INSURANCE OPTION

Name of member

Last name	Given name
Date of birth (day, month, year)	Social Insurance Number

Mailing Address

Number and Street

City	Province	Postal code
Residence telephone number	Business telephone number	

Amount of units applied for (units of \$6,500)

Number of units	x	Premium per unit	=	Total amount
		\$		\$

Are you disabled and on claim or satisfying a waiting period? Yes No

The statements and answers given above are true and complete to the best of my knowledge. I understand any material misrepresentation shall render the contract voidable at the option of the Insurer. As a member of the Manitoba Medical Association, I understand and agree that, if issued, the Optional Amount will become effective on the date the application is received by the Association.

Signature of applicant _____ Date (day, month, year) _____