



Application for PARIM Group Insurance

Name: _____ Date of birth: _____
(Please print) (dd-mm-yy)

Gender: Male Female Smoking status: Smoker Non-smoker

You are considered a smoker if you have smoked or used tobacco of any kind including cessation products, e-cigarettes, or vaping within the last 12 months

Start date: _____ PGY level: _____ Grad date: _____

Term Life Insurance - Policy 335300 provided by Great West Life Coverage: \$140,000

Beneficiary _____ Relationship _____

Beneficiary will receive 100% of benefits unless otherwise noted

Premium payments: Doctors Manitoba will automatically deduct the total premium due directly from your bank account. Premiums are pro-rated for the period July 1 - December 31, 2019. This coverage renews every January 1st, and premiums will continue to be automatically deduction from your account on or about January 2nd of each year.

Long Term Disability - Policy 521 provided by Manufacturer's Life Insurance Company

Select monthly benefit: \$3,500 \$4,000

Your coverage includes the Cost of Living Adjustment rider (COLA) and the Future Insurance Option (FIO)

Select one payment mode

Automatic deduction - lump sum payment

Automatic deduction - monthly payment

Premium payments: Doctors Manitoba will automatically deduct premiums from your bank account. Premiums are pro-rated for the period July 1, 2019 - May 31, 2020 and will be deducted on either a monthly basis or as a lump sum as per your selection. This coverage renews every June 1st, and premiums will continue to be automatically deducted from your account.

Accidental Death & Dismemberment - Policy 100004790 Coverage: \$50,000
provided by Industrial Insurance and Financial Services Inc.

Beneficiary _____ Relationship _____

Beneficiary will receive 100% of benefits unless otherwise noted

Premiums will be combined with your disability premiums. Coverage renews every June 1st.

Signature: _____ Date: _____

Please be sure to complete the Pre-authorized Deduction Authorization form on the reverse.

Pre-Authorized Deduction Authorization Form

Check the option(s) that correspond with your selections on the application for PARIM Group Insurance form. Be sure to complete your name and email, and to sign and date the form.

Please advise our office if your banking information changes.

Name: _____ Email: _____

(Please print)

DEDUCTION OPTIONS

Disability and Accident Insurance

Annual deduction OR Monthly deduction

* Add \$2.00 Service Charge

* Initial deduction to be on or about July 2, 2019

* Renewal deduction to be on or about June 1 annually

*Takes place on the 10th of each month

* Add \$2.00 Service charge per deduction

* Initial deduction to be on or about June 10, 2019

Term Life Insurance

Annual deduction

* Add \$2.00 Service Charge

* Initial deduction to be on or about July 2, 2019

* Renewal deduction to be on or about January 2 annually

Please attach a copy of a VOID cheque or an authorization form obtained from your financial institution, or complete the information below. **Note that automatic deductions cannot be taken from a Line of Credit Account**

Transit # (5 digit) Bank # (3 digit) Account # (up to 12 digits)

Signature: _____ Date: _____

Please complete the Pre-Authorized Deduction (PAD) agreement below.

I/We authorize and instruct Doctors Manitoba and my/our designated financial institution (or any other financial institution I/we may authorize at any time) to deduct regular recurring payments for all charges arising from my/our Doctors Manitoba insurance(s) as indicated above. Monthly payments will be debited from my/our specified account on the 10th or 20th day of each month. Annual payments will be debited to my/our specified account on the first business day of January or June/July. I/We understand that the amount of the deduction may change at a future date and, if so, that pre-authorized debits will continue and reflect such changes. Doctors Manitoba will advise me/us in writing of the revised amount at least ten (10) days before the debit date.

I/We acknowledge and agree that Doctors Manitoba may charge me/us an administration fee of up to \$10 per occurrence for any dishonoured pre-authorized debit (including, but not limited to, non-sufficient funds, stop payments and closed accounts).

Doctors Manitoba may not assign this authorization, whether directly or indirectly, by operation of law, change of control or otherwise, without providing at least ten (10) days prior written notice to me/us.

I/We understand that this authority will remain in effect until I deliver to Doctors Manitoba a written notification from me/us changing or terminating it. I/We understand that I/we must provide at least ten (10) business days notice to Doctors Manitoba before the next debit is scheduled. I/We may obtain a sample cancellation form, or more information on my/our right to cancel, at my/our financial institution. I/We understand that I/we have certain recourse rights if any debit does not comply with this authorization. For example, I/we have the right to receive reimbursement for any debit that is not authorized or is not consistent with this authorization. I/We understand that I/we may obtain a form for a Reimbursement Claim, or more information on recourse rights, from my/our financial institution or at www.cdnpay.ca.