

POLICY #: 100008116

### APPLICANT SECTION

|                 |                                 |
|-----------------|---------------------------------|
| COMPANY NAME    | POLICY START DATE               |
| EMPLOYEE'S NAME | DATE OF BIRTH<br>DD / MM / YYYY |
| SPOUSE'S NAME   | DATE OF BIRTH<br>DD / MM / YYYY |
| ADDRESS         | CITY                            |
| PROVINCE        | POSTAL CODE                     |

### LIST OF DEPENDANTS

|       |   |                                 |
|-------|---|---------------------------------|
| NAMES | GENDER <input type="checkbox"/> Male<br><input type="checkbox"/> Female | DATE OF BIRTH<br>DD / MM / YYYY |
| NAMES | GENDER <input type="checkbox"/> Male<br><input type="checkbox"/> Female | DATE OF BIRTH<br>DD / MM / YYYY |
| NAMES | GENDER <input type="checkbox"/> Male<br><input type="checkbox"/> Female | DATE OF BIRTH<br>DD / MM / YYYY |
| NAMES | GENDER <input type="checkbox"/> Male<br><input type="checkbox"/> Female | DATE OF BIRTH<br>DD / MM / YYYY |

### MONTHLY PAYMENT CHECK ALL THAT APPLY

- Employee (\$20.00/month)
  Spouse (\$20.00/month)
  Children (\$20.00/month)

### BANKING DATA

|   |                         |                                 |
|---|-------------------------|---------------------------------|
| Branch No. (5 figures)  | Institution (3 figures) | Account No. (12 figures)        |
| Name as shown on bank records   |                         |                                 |
| BeneFitsMyWay is authorized to draw a cheque for monthly recurring payments in accordance with its Pre-authorized cheque plan and to exchange personal information with the financial institution in order to execute this agreement. NOTE: Transaction fees may be charged for any cheque that is not honoured by your financial institution. I confirm that the banking information accurately corresponds to my account. |                         |                                 |
| Signature (as shown on bank records)  |                         | Other signature (joint account) |

I understand that no insurance will be in effect until the insurance applied for has been approved by the Policyholder and payment deductions have been initiated. I declare that the answers recorded above are, to the best of my knowledge and belief, full, complete, and true as of the date hereof.

We limit the information we collect to only what we need for the provision of our services. We do not share your personal information with any third parties unless required to facilitate insurance agreement or with the Government of Canada regulatory bodies when we are required to do so by law. For a full copy of our privacy policy visit [www.benefitsmyway.ca/privacy-policy](http://www.benefitsmyway.ca/privacy-policy).

I hereby confirm that the above information given is correct and I accept the terms herein

|                      |                        |
|----------------------|------------------------|
| EMPLOYEE'S SIGNATURE | DATE<br>DD / MM / YYYY |
|----------------------|------------------------|



### PLEASE ATTACH A VOID CHEQUE WITH THIS APPLICATION

You have certain recourse right 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](http://www.cdnpay.ca).