

Application for ${\bf LINK}$ Health Coverage

GreenShield Insurance

Please complete SECTIONS A,B,C, D and E.

SECTION A — Contact Information		
Last Name:	First Name:	Initial:
Street Address:		Apt. No:
City/Town:	Province:	Postal Code:
Home Tel: ()	Business Tel: ()	Cell: ()
*Email Address (so GreenShield Insurance can contact you quickly a	bout your application and benefits):	
SECTION B — Coverage Information		
I declare that I, and my spouse/partner and all listed depe	ndents are covered by our provincial governmen	t health plan.
I/We are applying for:		Select one plan option:
Single coverage Applies to applicant only		LINK 1
Couple coverage Applies to applicant and spouse/partner OR a	applicant and one dependent child under age 21	LINK
Family coverage Applies to applicant and spouse/partner and	dependent children under age 21	LINK 2
A: Are you covered, or were you covered under a group h	ealth plan? Yes No	LINK 3
B: When does or did your coverage end? (YYYY/MM/DD):		LINK 4
C: Name of insurance carrier:		Total Monthly Rate:
		\$

SECTION C — Individuals to be Covered — please complete in full for EACH person						
Last Name	First Name	Initial	Gender		Date of Birth (YYYY/MM/DD)	Age
Applicant:			Male	Female		
Spouse/Partner:			Male	Female		
Dependent Child: (must be under age 21)			Male	Female		
Dependent Child: (must be under age 21)			Male	Female		
Dependent Child: (must be under age 21)			Male	Female		
Dependent Child: (must be under age 21)			Male	Female		
Note: If additional space is required, plea	use attach a separate signed and dated sh	neet.				

Please proceed to complete SECTIONS D and E.

FOR ADVISOR USE ONLY			
Advisor Code:	Advisor Name (first and last):	Advisor Email Address:	
Office Code:	Office Name:	Advisor Telephone Number:	
MGA Code:	MGA Name:	·	



Reminder: BOTH Payment Authorization AND Declaration sections must be signed.

SECTION D — Payment Information (Applications without payment cannot be processed)

Your first payment for one month's premium will be taken when your application is approved. The next payment (for one month's premium) will be taken on or about your coverage start date (your coverage effective date), depending on the day of the week the first of the month falls. This ensures your payments (and benefits!) are secure a month in advance. Subsequent payments are taken on or around the first of every month. You can begin using your Health Assist benefits on your coverage effective date. Questions about payments? Call 1-800-268-6613, ext. 4460.

hoose ONE Method of Payment Pre-authorized Credit Card	Mastercard	Visa	American Express		
Name (as it appears on card):	Mustereara	Credit Care	<u> </u>		Expiry:
Address:	City/Tov		Province:		Postal Code:
, (44.000)					
Pre-authorized Debit PLEASE	ATTACH A SPECIMEN CHEQUE	MARKED "VOID"			
Is this account Personal or Busin	ess? Personal Busines	SS			
Is this a joint account? Yes	No If "Yes	s", does this joint	account require more than o	ne signature? Yes	No
If two signatures are required, in	formation for both Account	Holders must be	provided:		
1st Account Holder		2 ^r	^d Account Holder		
Name:		N	ame:		
Address:		A	ddress (if different from 1 st payor):	
City/Town:	Province: Postal	Code: C	ty/Town:	Province:	Postal Code:
Telephone Number: ()		Te	elephone Number: ()	
ere be any change in either the am least thirty days prior to the change ancial institution shall not be held l tice requesting cancellation by the thorized payment due date. I/We f	ayments from the account spount payable or in the date e. GreenShield Insurance maidble in any way should such applicant or account holder urther understand that a san	pecified above or payments are to be ay terminate cove on an event occur. r(s) is received by apple cancellation	rage in the event that a witho /We understand that this autl GreenShield Insurance at leas form and/or more information	ay of the month as o surance will give the Irawal is refused for a horization shall rema at ten business days n on my/our right to	utlined above. Shou applicant written no any reason and the in valid unless writte prior to the next precancel a pre-authori
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Advisor Code:

Please send applications to GreenShield Insurance, Individual Products Team, 5140 Yonge St., Suite 2100, Toronto, ON M2N 6L7

Advisor Name (first and last):

114

Advisor Signature: