

HOME HEALTH CARE AND ASSISTANCE

You may also enroll by telephone by calling 1-800-240-8424 toll-free in Canada or (514) 286-8424 in the Montreal area

1. SELECT A PLAN

Individual
 Single-Parent Family
 Family

2. PERSONAL INFORMATION

Name _____ First name _____
 Address _____ City _____
 Province _____ Postal Code _____ Gender Male Female Date of Birth

Y	Y	Y	Y	M	M	D	D
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 Home Telephone () _____

IF YOU CHOOSE A PLAN OTHER THAN THE INDIVIDUAL PLAN

Name	First Name	Date of Birth								
Spouse (if applicable) _____	_____	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>M</td><td>M</td><td>D</td><td>D</td></tr></table>	Y	Y	Y	Y	M	M	D	D
Y	Y	Y	Y	M	M	D	D			
Dependent children _____	_____	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>M</td><td>M</td><td>D</td><td>D</td></tr></table>	Y	Y	Y	Y	M	M	D	D
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Y	Y	Y	Y	M	M	D	D			

3. STATEMENTS AND AUTHORIZATIONS

I authorize National Bank Life Insurance Company to include my name, address and telephone number in his list of clients for business or charitable prospecting by the insurer or any person to whom he agrees to release this list, and I reserve the right to terminate this authorization at any time by verbal or written request to the insurer.

I undertake to inform you immediately, in writing, of any change to my name, address and telephone number so that you can update your files.

I hereby authorize National Bank Life Insurance Company to deduct from my account indicated below, each month, all amounts required for the insurance premium under this application.

SIGNATURE

X _____ **X** _____
 Client's Signature Date

Y	Y	Y	Y	M	M	D	D
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 Spouse's Signature Date

Y	Y	Y	Y	M	M	D	D
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 (If he or she wants to apply)

4. PAYMENT AUTHORIZATION

PREAUTHORIZED CHEQUING

NATIONAL BANK MASTERCARD ACCOUNT

_____ **5258** _____

M	M	Y	Y
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 Account No. (Attach a specimen cheque marked « VOID ») Card No. Expiry Date

COVERAGE EXCLUSIONS AND RESTRICTIONS

PRE-EXISTING CONDITIONS BEFORE THE COMING INTO FORCE OF THE CONTRACT

If the insured has received medical advice or treatment for an illness or injury during the 12 months prior to the effective date or the reinstatement date of coverage, the benefits relating to that illness or injury are payable only 12 months after the last treatment or medical consultation for that condition. Treatment, medical advice or medical consultation mean diagnostic procedures and prescribed medication.

NO BENEFIT IS PAYABLE FOR THE FOLLOWING EXPENSES OR FOR AN ILLNESS OR INJURY RESULTING FROM THE FOLLOWING CIRCUMSTANCES:

- Expenses incurred following surgery that was recommended for the insured prior to the coming into force of the contract or expenses incurred further to a hospitalization scheduled prior to the coming into force of the contract;
- Expenses incurred following cosmetic surgery;
- Expenses that are refundable under any other insurance or insured services in the meaning of any federal or provincial legislation or regulations;
- Abuse of medication or alcohol or use of narcotics;
- Attempted suicide or self-inflicted injury, whatever the state of mind of the insured;
- Inhalation of gas fumes or ingestion of poison, whether intentional or unintentional;
- Active participation by the insured in a criminal act, public confrontation, riot, insurrection, war or act of war, whether declared or not, or any other act of aggression;
- Accident which occurred while the insured participated in any sport for remuneration, any type of motor vehicle competition or race or while participating in underwater activities, gliding or hang gliding, mountain climbing or parachuting, whether skydiving or not;
- Expenses incurred outside Canada;
- Expenses for nursing assistants primarily for support care or care given for the patient's comfort;
- Expenses for care, treatment, services or products other than those deemed necessary for the treatment of the illness or injury by the relevant health care professionals;
- Expenses for experimental care or treatments and those resulting from the use of new procedures or treatments which are not yet widely used;
- Expenses for a detoxification program;
- Expenses that the insured does not have to pay or would not be required to pay if he did not have insurance coverage.

ACCESS TO PERSONAL INFORMATION

In order to protect the confidentiality of the personal information that is held on you, National Bank Life Insurance Company shall establish an insurance file in which the information regarding your application for insurance and any claim will be included. Only those employees or agents who are responsible for underwriting, administration, investigation and claims, or any other person authorized by you, will have access to this file. Your file will be held in the Insurer's office. You will be entitled to have access to the personal information contained in your file, and if appropriate, have it corrected by sending a written request to: Canassurance Life Insurance Company Inc., 550 Sherbrooke Street West, Montreal, Quebec H3A 1B9.

Underwritten by Canassurance Life Insurance Company Inc.