

In this application *you* and *your* refer to the person applying for insurance. *We* and *the Company* refer to Canadian Premier Life Insurance Company (“Securian Canada”).

Your application must be received by Canadian Premier Life Insurance Company (“Securian Canada”) within 30 days of when your coverage ends.

If you opted out of your student Health Plan, or if your student Health Plan is not insured by Securian Canada, please note that proof of coverage by an equivalent extended health plan is required in order to be exempted from completing a health questionnaire. Please attach proof of coverage to this form.

Acceptable proof must consist of either a letter from your insurer, your parent’s/spouse’s employer, a letter from your employer, a membership card indicating coverage, or a photocopy of a receipt from a recent claim indicating health coverage. Proof of coverage must also contain your termination date of coverage.

**Please PRINT clearly in ink.**

**1. General information**

Continuum insurance coverage is available across Canada, except Quebec.

If you opted out of your student Health Plan and you did not have coverage by an equivalent health care plan, you must complete the Continuum Application - Statement of Health Form for Health Care and Dental Care Insurance located on [www.continuumplan.com](http://www.continuumplan.com).

**Information about you**

First name		Middle initial	Last name		<input type="checkbox"/> Male
					<input type="checkbox"/> Female
Former/maiden name (if applicable)		Date of birth (dd-mm-yyyy)		Language <input type="checkbox"/> English <input type="checkbox"/> French	
Residence address (street number and name)				Apartment or suite	
City		Province		Postal code	
Telephone (home)			Fax		
Email address			Are you a resident of Canada and covered under the provincial health plan in your province of residence? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name of school attended in last academic year			Student ID number		
Were you covered under your student plan during the last academic year?					
<input type="checkbox"/> Yes If yes, what is the termination date of your coverage? <input type="text" value="Date (dd-mm-yyyy)"/>					
<input type="checkbox"/> No If no, under which plan were you covered? _____					
What is the contract number? _____					
What is the termination date for this plan? <input type="text" value="Date (dd-mm-yyyy)"/>					

## 1. General information (continued)

### Information about your spouse

Please complete if applying for spousal insurance.

First name	Middle initial	Last name	<input type="checkbox"/> Male <input type="checkbox"/> Female
Former/maiden name (if applicable)	Date of birth (dd-mm-yyyy)	Language <input type="checkbox"/> English <input type="checkbox"/> French	
Email address	Is your spouse a resident of Canada and covered under the provincial health plan in your province of residence? <input type="checkbox"/> Yes <input type="checkbox"/> No		

### Information about your dependent child(ren)

Please complete if applying for dependent child(ren) insurance.

First name	Middle initial	Last name	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth (dd-mm-yyyy)	Student <input type="checkbox"/> Yes <input type="checkbox"/> No
First name	Middle initial	Last name	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth (dd-mm-yyyy)	Student <input type="checkbox"/> Yes <input type="checkbox"/> No
First name	Middle initial	Last name	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth (dd-mm-yyyy)	Student <input type="checkbox"/> Yes <input type="checkbox"/> No

If you need more space, please complete on a separate sheet of paper, and sign and date it.

## 2. Coverage applying for

Please visit [www.continuumplan.com](http://www.continuumplan.com) for product details.

### Health Plan

Single  Couple  Family

### Health & Dental Plan

Single  Couple  Family

## 3. Payment of premiums

### Monthly pre-authorized debit (PAD)

Please attach a personal blank cheque, marked VOID across the front, to this application form.

First name of account holder	Middle initial	Last name
Financial institution name	Financial institution address (street number and name)	
Transit number	Institution number	Account number

Complete this section if someone other than you, including a corporation, is paying for your policy. Please include all joint account holder information, if applicable.

Payor(s) name (first and last) or full legal name of corporation/entity			
If applicable, date of birth (dd-mm-yyyy)		Relationship to you	
Address (street number and name)			Apartment or suite
City	Province/state	Country	Postal/zip code

### 3. Payment of premiums (continued)

To use Pre-Authorized Debit (PAD) you must agree to all the terms of the authorization. By signing below as payor you agree to the following terms and conditions:

#### Terms and conditions

You authorize Canadian Premier Life Insurance Company (“Securian Canada”) to collect the monthly premium (including applicable provincial tax) for this insurance through a Pre-Authorized Debit (PAD) from the account indicated above. You acknowledge that your financial institution may treat any withdrawal pursuant to this authorization as a withdrawal for personal services. You acknowledge that the amount of the monthly premium (including applicable provincial tax) collected through this agreement may vary. **You agree to waive the requirement that Securian Canada notify you of any payments after the first payment whether the amount of the monthly premium is changed or not.** You understand that the monthly premium is due the first of each month. This agreement will be cancelled automatically if Securian Canada is unable to make a withdrawal from your account.

This authorization is to remain in effect until Securian Canada has received written notification from you of its change or termination. This notification must be received at least ten (10) business days before the next debit is scheduled at the address provided below. You may obtain a sample PAD cancellation form, or more information on your right to cancel a PAD Agreement at your financial institution or by visiting [www.payments.ca](http://www.payments.ca).

Securian Canada may not assign this authorization to another company or person to permit them to debit your account for these payments (for example where there has been a change in control of the company) without providing at least 10 days prior written notice to you.

You have certain recourse rights 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.payments.ca](http://www.payments.ca).

Securian Canada  
PO Box 963 Stn A,  
Toronto, ON, Canada M5W 1G5  
Telephone: 1-877-363-2773

I/we confirm that all persons whose signatures are required to authorize bank withdrawals have signed below.

Account holder printed name	Signature of account holder <b>X</b>	Date signed (dd-mm-yyyy)
Account holder printed name	Signature of account holder <b>X</b>	Date signed (dd-mm-yyyy)

**Send no money with this application. You will be notified with a premium statement.**

### 4. Declaration and authorization

I declare that my answers in this application form are true and complete and I understand that concealment, misrepresentation and false declaration concerning this application form will cause the insurance to be void.

I authorize Canadian Premier Life Insurance Company (“Securian Canada”), and its agents and service providers to use and exchange information needed for underwriting, administration and adjudication of claims under this insurance coverage with any person who has relevant information about me including institutions, investigative agencies, insurers and reinsurers and to use and exchange information with [ASEQ/studentcare.net/works](http://ASEQ/studentcare.net/works) for the purpose of administration.

A photocopy or electronic version of this authorization is as valid as the original.

Your signature <b>X</b>	Your spouse's signature (if applicable) <b>X</b>	
Location signed (city)	Location signed (province)	Date signed (dd-mm-yyyy)

**Please return your completed application to:**

Securian Canada  
PO Box 963 Stn A,  
Toronto, ON, Canada M5W 1G5

## 5. Respecting your privacy

Respecting your privacy is a priority for Securian Canada. We collect information from application forms and other information you provide to us or our distribution partners in connection with insurance and/or financial products offered by us, as well as (with your consent) through independent medical or vocational assessments, if applicable, and from physicians, medical practitioners, hospitals, clinics or other medical or medically related facilities, insurance companies, MIB, LLC. ("MIB"), and other agents, governments agencies or other organizations, institutions, or persons that have health records, if applicable. We collect, use and disclose your personal information for purposes that include: confirming your identity, underwriting, including determining your eligibility or need for insurance and/or financial products you request; administration and servicing; claims adjudication; protecting against fraud, errors or misrepresentations; and meeting legal, regulatory or contractual requirements. We, and our affiliates, may use the personal information for the purpose of offering you, or allowing select organizations to offer you, other products and services. You may withdraw your consent for this purpose at any time by phone at: 1-888-968-4155 or by mail at: Privacy Office, 25 Sheppard Avenue West, Suite 1400 Toronto, ON M2N 6S6. We will give access to your personal information only to those of our employees and independent contractors, affiliates within our corporate group, administrators, distribution partners, and other third-party service providers and outsourcers, along with our reinsurers, who need your personal information to do their jobs. We will also provide access to anyone else you authorize. All of our service providers with whom we have a contractual relationship are required to protect your personal information in accordance with this privacy statement and our privacy practices. Sometimes, unless we are otherwise prohibited, these people may be in, or your personal information may be stored on servers located in, other provinces in Canada or in countries outside Canada, so your personal information may be subject to the laws of those other provinces or countries. You can ask for the information in our files about you and, if necessary, ask us in writing to correct it. To find out more about our privacy practices, visit <http://www.securiancanada.ca/privacy-statement>.