

Diagnostic and Specialist Access Insurance

Broker Name _____

Company Name: _____ Policy Start Date: _____

Employee's Name: _____ Employee's Date of Birth: _____

Spouse's Name: _____ Spouse's Date of Birth: _____

Address: _____

Childs Name	Childs Name	Childs Name
_____	_____	_____
Date of Birth	Date of Birth	Date of Birth
_____	_____	_____
Gender	Gender	Gender
_____	_____	_____

MONTHLY PAYMENT

Employee (\$20/month)

Spouse (\$20.00/month)

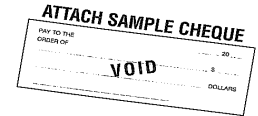
(Complete Banking Data below)

BANKING DATA

Branch No. (5 figures): _____ Institution (3 figures): _____

Account No. (12 figures): _____

Name as shown on bank records: _____



CustomCare Inc. 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))

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.



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