



TRAVEL & CATASTROPHIC COVERAGE

Company Name: _____ Policy Start Date: _____

Employee's Name: _____ Employee's Birthdate: _____

Employee's Address: _____

List of Dependants:

Name: _____ Name: _____ Name: _____

Birthdate: _____ Birthdate: _____ Birthdate: _____

Gender: _____ Gender: _____ Gender: _____

PAYMENT METHOD

Monthly (\$20.00/mth) (Sign banking data form below) Annual (\$240.00/yr) (Sign banking data form 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 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))

This information will not be shared with anyone outside of CustomCare Inc and will only be used for processing as per your instructions.

Take Health Care Coverage Into Your Own Hands!

CustomCare Inc. - #210, 200 Quarry Park Blvd. SE Calgary, AB T2C 5E3

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