The UnionAdvantage Plan - Enrollment Form

Protect yourself and your family against the financial hardship of an accident for just pennies a day!

Name: _____ Name of Union/Association: _____

Address: _____ Local Union Number: _____

City: _____

Province: _____ Postal Code _____

Simply complete, sign and date this form. Check the option you require and return it now to enjoy coverage under the UnionAdvantage Plan.

Member Information

Telephone Number: (_____) _____

Gender: ☐ Male ☐ Female

Date of Birth: | | | | | | | | | (D D M M Y Y Y Y)

Spouse Information *(if applicable)*

Name: _____

Gender: ☐ Male ☐ Female

Date of Birth: | | | | | | | | | (D D M M Y Y Y Y)

Plan Selection & Monthly Premiums: *For first time enrolment in the UnionAdvantage Plan, please complete* **Section A**. *If you are already covered under the Comprehensive Plan and would like to upgrade to the Comprehensive Plus Plan, please complete* **Section B**.

SECTION A • New Enrollment	Complimentary Plan	Comprehensive Plan	Comprehensive Plus Plan	Special Tuition Benefit
Member	NO CHARGE ☐	$10.40 ☐	$11.40 ☐	$2.40 ☐
Member & Spouse		$14.85 ☐	$16.25 ☐	
Member, Spouse & Children		$17.75 ☐	$19.75 ☐	
Member & Children		$13.30 ☐	$14.90 ☐	

SECTION B • Coverage Upgrade	Comprehensive Plus Plan	Special Tuition Benefit
Member	$11.40 ☐	$2.40 ☐
Member & Spouse	$16.25 ☐	
Member, Spouse & Children	$19.75 ☐	
Member & Children	$14.90 ☐	

Method of Payment

☐ Visa ☐ Mastercard ☐ Monthly by pre-authorized withdrawals (*Please included sample cheque marked void*)

Credit Card Information (if applicable): _____ (Credit Card Number) _____ (Expiry Date (MM/YY))

Authorization

PRIVACY STATEMENT: When you apply to enroll in the UnionAdvantage Plan, underwritten by ACE INA Life Insurance ("ACE Life"), the information in ACE Life's existing insurance files and the information requested on your application is required by ACE, its reinsurers and authorized agents to process your application (*and if approved*), administer your insurance policy, assess claims and detect fraud. ACE Life will create a file with your insurance information, and in the event of a claim, with such information as ACE Life obtains from you and other sources, for the purpose of considering you claim and administering benefits under the Plan. Access to this file will be restricted to those ACE Life employees, authorized agents and reinsurers who require access to administer the Plan and process claims and persons authorized by law. You may request to review your personal information in this file or request to make a correction by writing to: The Privacy Officer, ACE INA Life Insurance. From time to time, there may be available to you, additional products or services, including insurance services, which may be of interest to you. Your consent to the use or disclosure of your personal information for the purposes of offering your additional products and services is optional. If you don't wish your information to be used or disclosed by ACE Life for the purpose of offering you additional products or services, please tick here: ¨

Please enroll me in the Comprehensive UnionAdvantage Plan. I am under 75, and I understand my acceptance is guaranteed. Please send me my Certificate of Insurance and charge the premiums to my Credit Card or Chequing Account until I inform you otherwise. I understand I have 30 days to examine my Certificate of Insurance and during that time, if for any reason I am not completely satisfied, I may return it and any charge made to my Credit Card or Chequing Account will be credited in full.

_____ Signature | | | | | Date (MM/YY)

Please mail your completed application to:
ACE INA Life Insurance, PO Box 11233
STN BRM B, Toronto, ON M7Y 2G1
Or fax to: 416-594-2835

For further information, call ACE INA Life Insurance at 1-877-534-3655 or locally at 416-313-4977.

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Please Note: Your coverage becomes effective on the first day of the month following ACE INA Life Insurance's processing of your Enrollment form.