



**Vertis Insurance
Home Care Assistance**



UV Insurance is a trade name and trademark of The Union Life Mutual Insurance Company
C.P. 696, Drummondville, QC, J2B 6W9 | Phone 819 478-1315 Toll free 1-800 567-0988 Fax 819 474-1990

3. CHOICE OF COVERAGE

			Annual Premium \$
HomeCare Assistance	With extended health	Plan 1 - \$50,000 Plan 2 - \$100,000	
	Without extended health	Plan A - \$75,000 Plan B - \$125,000	
	Contract fee		
	Total annual premium		
	Monthly premium = Annual premium x 0.09		

If a couple subscribes to HomeCare Assistance at the same time, a discount of 10% is applicable for both the insured and the following spouse:

Name	Relationship
------	--------------

4. BANKING INFORMATION

Please attach a blank cheque marked "VOID" with the application

Name of Financial Institution:

Address of Financial Institution:

Insert the numbers found on the bottom of the cheque, as shown in the following example:



Branch Number:	Financial Institution Number (Bank):	Account Number:
----------------	--------------------------------------	-----------------

5. PREMIUMS AND METHOD OF PAYMENT

Monthly Pre-authorized debit \$ _____ (See section 6)

Desired withdrawal date: the _____ day of each month (except 29th, 30th, and 31st)

Annual Pre-authorized debit \$ _____ (See section 6)

The initial withdrawal date will be the same as the date of issue of the contract. Afterwards, the withdrawal date will be the same as the renewal date.

Annual \$ _____

Amount paid with application \$ _____

Make cheque payable to Odyssee Insurance in Trust.
Odyssee Insurance is the third party administrator on behalf of UV Insurance.

6. PRE AUTHORISED DEBIT (PAD) AGREEMENT

Only fill out for a NEW insurance POLICY, if PAD was chosen in the application.

Banking Information	Please attach a blank cheque marked « VOID ».
Type of Service (check the appropriate box)	<input type="checkbox"/> PERSONAL — If debit is from a personal account <input type="checkbox"/> BUSINESS — If debit is from a corporate account
Withdrawal Arrangements This pre-authorized agreement is considered a <u>variable</u> one.	<ol style="list-style-type: none"> I authorize the insurer or his representative to begin deductions, at any time, as per my instructions for regular recurring payments for the <u>amount indicated in the application</u>. If a pre-authorized debit is returned due to insufficient funds (NSF) in the account, the insurer or his authorized representative, will withdraw the related \$25 fee from the same account, without notice. I agree to the debiting of my account on the regular pre-authorized debit (PAD) withdrawal day as indicated on the application or the next business day (Subject to change). If all preconditions for the conditional temporary insurance agreement are met, I accept that my bank account be debited for the first PAD as of the date of signing of the application. Please check the box if you refuse. <input type="checkbox"/>
Waiver	I waive the right to receive 10 days' notice of an increase or decrease in the amount of automatic withdrawal or a change in the date of the withdrawal.*
Cancellation	You may cancel this pre-authorized debit agreement at any time, subject to providing the insurer or its authorized representative with 10 days' written notice. Contact your financial institution about your rights regarding cancellation. (A sample cancellation form is available at www.cdnpay.ca .)
Method of Payment	Any cancellation of this pre-authorized debit agreement will not affect the agreement between you and the insurer whatsoever, so long as payment is provided by an alternate method.
Recourse & Reimbursement	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.cdnpay.ca .
Exclusive Rights	All amounts transferred from the pre-authorized bank account for the premium payment are for the exclusive benefit of the owner of the insurance contract.
*The insurer or its authorized representative will not increase your pre-authorized debit or change your debit date after your insurance contract becomes effective without notifying you.	

7. NAME, SIGNATURE AND TITLE OF PAYERS (ACCOUNT OWNERS) FOR « PAD»

Only fill out if different from the proposed insureds or owners named in sections 6 and 7

If two signatures are required to sign on the account, both account owners must sign this Authorization.

If the **Account Owner** is a **legal entity** (corporation, association, etc.), the signature of the authorized individuals with their **title is required**.

PRE-AUTHORIZED DEBIT AGREEMENT: In the event that this declaration is for the addition of a contract rider or of a contract instead of a rider on an existing contract simply because the agent is not the agent (administrator) on the existing contract, you hereby acknowledge and agree that the banking information on file for the existing contract will be used for the rider or contract referred to in this declaration, including the withdrawal date. In the case of a contract instead of a rider on an existing contract simply because the agent is not the agent (administrator) on the existing contract, you also agree to the withdrawal of the first premium from the date of issue of the existing contract to which this declaration applies. Subsequent premiums will be withdrawn on the same date as the existing contract's premiums.

Name: _____

Title: _____

Signature: X _____ Date: _____

Name: _____

Title: _____

Signature: X _____ Date: _____

