



# MILLENNIUM ACCESS EXTENDED HEALTH AND DENTAL INSURANCE APPLICATION

## APPLICANT INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Initial: \_\_\_\_\_

Date of Birth: mm/dd/yyyy Gender:  Male  Female Marital Status: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_  
Street No. Street Name Unit / Apt. / Suite City Province Postal Code

Home Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Employer: \_\_\_\_\_  
Name, Address & Phone Number Of Your Workplace

Indicate  Your Requested Level of Coverage:  Single  Couple  Family Effective Date: mm/dd/yyyy

If you are applying for Couple or Family Coverage, please complete in full the "Dependent Information" section below.

## DEPENDENT INFORMATION

First Name	Last Name	Gender:	Date of Birth	Age	Children who are 21 or older must be registered as a full-time student or qualify as a disabled dependent.
Spouse		<input type="checkbox"/> Male <input type="checkbox"/> Female	<u>mm/dd/yyyy</u>		
Child (1)		<input type="checkbox"/> Male <input type="checkbox"/> Female	<u>mm/dd/yyyy</u>		Student <input type="checkbox"/> Yes <input type="checkbox"/> No Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No
Child (2)		<input type="checkbox"/> Male <input type="checkbox"/> Female	<u>mm/dd/yyyy</u>		Student <input type="checkbox"/> Yes <input type="checkbox"/> No Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No
Child (3)		<input type="checkbox"/> Male <input type="checkbox"/> Female	<u>mm/dd/yyyy</u>		Student <input type="checkbox"/> Yes <input type="checkbox"/> No Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No
Child (4)		<input type="checkbox"/> Male <input type="checkbox"/> Female	<u>mm/dd/yyyy</u>		Student <input type="checkbox"/> Yes <input type="checkbox"/> No Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No
Child (5)		<input type="checkbox"/> Male <input type="checkbox"/> Female	<u>mm/dd/yyyy</u>		Student <input type="checkbox"/> Yes <input type="checkbox"/> No Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No
Child (6)		<input type="checkbox"/> Male <input type="checkbox"/> Female	<u>mm/dd/yyyy</u>		Student <input type="checkbox"/> Yes <input type="checkbox"/> No Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No

\* Does your spouse/partner have coverage elsewhere?  Yes  No If "yes", you must complete the following information:

Spouse's/Partner's Name: \_\_\_\_\_ Spouse's/Partner's Employer: \_\_\_\_\_

Spouse's/Partner's Insurance Company: \_\_\_\_\_ Spouse's/Partner's Group Policy No.: \_\_\_\_\_

## PRE-AUTHORIZED PAYMENT

I/We hereby authorize Macdonald Administration Services **to withdraw premium payments from my/our account**. Should there be any change in either the amount or premium due date, Macdonald Administration Services will give the applicant written notice. Macdonald Administration may terminate coverage should a withdrawal be refused for any reason and the financial institution shall in no way be held liable should such an event occur. **This authorization shall remain valid unless written notice is received by Macdonald Administration Services, thirty (30) days prior to the next premium due date** requesting cancellation by either the applicant or account holder(s).

\_\_\_\_\_  
 Signature of Account Holder/ Payor (if other than Applicant or Spouse)

mm/dd/yyyy  
 Date

**ATTACH TO THIS FORM A PERSONAL BLANK CHEQUE MARKED "VOID" PLUS A CHEQUE FOR THE FIRST MONTH PREMIUM MADE PAYABLE TO "MACDONALD ADMINISTRATION SERVICES".**

**100 Cowdray Court - Suite 200, Toronto, ON M1S 5C8**

**RATES ARE INCLUSIVE OF ALL TAXES AS REQUIRED BY LAW - Rates are effective January 1st, 2011 through to December 31st, 2011**

- Plan A -  Single \$147.03  Couple \$294.06  Family \$371.74
- Plan B -  Single \$127.57  Couple \$255.10  Family \$322.29

\_\_\_\_\_  
 SELLING AGENT

THROUGH **Associated Group Marketing Services Inc.**

**YOU MUST COMPLETE THE APPLICANT AUTHORIZATION ON THE REVERSE SIDE. FAILURE TO DO SO WILL RESULT IN YOUR APPLICATION NOT BEING PROCESSED.**

