

**APPLICANT SECTION**

COMPANY NAME	POLICY START DATE <b>OFFICE USE ONLY</b>
EMPLOYEE'S NAME	DATE OF BIRTH DD / MM / YYYY
ADDRESS	CITY
PROVINCE	POSTAL CODE

**LIST OF DEPENDANTS**

NAMES	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	DATE OF BIRTH DD / MM / YYYY
NAMES	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	DATE OF BIRTH DD / MM / YYYY
NAMES	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	DATE OF BIRTH DD / MM / YYYY
NAMES	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	DATE OF BIRTH DD / MM / YYYY

**PAYMENT**

- Single \$19.95 Per Month (Sign banking data form below)**
- Family \$29.95 Per Month (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 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)

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



**PLEASE ATTACH A VOID CHEQUE WITH THIS APPLICATION**

\* Some exclusions apply, please visit [customcare.ca](http://customcare.ca) for more information.

To discontinue your coverage under this plan, we require 10 days written notice prior to the start of the month you wish to terminate the policy in.