

Section 3 – DECLARATION

I, the person to be insured, declare that all answers and explanations given in this health statement, and in any other document which by agreement forms an integral part, are true and complete. I understand that any omission or fraudulent statement may result in the cancellation of the insurance contract or rejection of a claim that might otherwise be valid. I also understand that any injury on the date or prior to this application, or any illness for which signs appeared on the date of this application or before are not covered, unless completely disclosed in this health statement.

I request that Canassurance Insurance Company, hereinafter referred to as the Insurer, issue a contract as specified herein.

This declaration offers no guarantee of insurance. The benefits take effect on the date of approval by the Insurer, provided the first premium has been paid in full and no changes in my insurability have occurred since the signing of the application.

Signed in _____ this _____ day of _____ 20____
CITY DAY MONTH YEAR

Signature of the insured

Signature of the representative

* No representative is authorized to establish or modify the Insurer's contract, to determine if a person to be insured constitutes an acceptable risk or to waive any right or requirement in the name of the Insurer.

Section 4 – WHAT TO FILL OUT IN APPLICATION 11COU0106A

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