HEALTHSURE

ENROLLMENT FORM FOR INDIVIDUALS

APPLICANT INFORMATION

Legal first name: _____ Last name: _____ Initials:_____

Date of Birth (mm/dd/yyyy): _____ Gender: ☐ Male ☐ Female ☐ Non-binary

Provincial Health Plan Coverage? ☐ Yes ☐ No Smoking*: ☐ Yes ☐ No

☐ Proof of identity attached. The coverage cannot be effective without proof of identity.

Address: _____ Province: _____ Postal code:_____

Phone number: _____ Email: _____

SELECTION OF COVERAGE

☐ Single ☐ Couple ☐ Single with Children ☐ Family
☐ Critical Illness Insurance for $25,000

SPOUSE INFORMATION

To be completed if you are applying for Couple of Family coverage only.

First name: _____ Last name: _____ Initials:_____

Date of birth (mm/dd/yyyy): _____ Gender: ☐ Male ☐ Female ☐ Non-binary

Provincial Health Plan Coverage? ☐ Yes ☐ No

DEPENDENT(S) INFORMATION

Legal first name: _____ Last name: _____ Initials:_____

Date of birth (mm/dd/yyyy): _____ Gender: ☐ Male ☐ Female ☐ Non-binary

Provincial Health Plan Coverage? ☐ Yes ☐ No

Legal first name: _____ Last name: _____ Initials:_____

Date of birth (mm/dd/yyyy): _____ Gender: ☐ Male ☐ Female ☐ Non-binary

Provincial Health Plan Coverage? ☐ Yes ☐ No

Legal first name: _____ Last name: _____ Initials:_____

Date of birth (mm/dd/yyyy): _____ Gender: ☐ Male ☐ Female ☐ Non-binary

Provincial Health Plan Coverage? ☐ Yes ☐ No

If your Dependent Child is age 19 or over, please complete the following information to confirm their eligibility: MSH INTERNATIONAL (Canada) Ltd. requires annual confirmation of eligibility for all over-age dependents insured. To ensure accurate claims payments, a Request for Overage Dependent Coverage Form must be completed upon enrolment or as deemed necessary.

Legal first name as recorded above: _____ Full-Time Student? ☐ Yes ☐ No

Name and Address of Accredited School, College or University (attach proof): _____

* *If you are not applying for MAI Premium which contains Critical Illness Insurance, you do not have to answer Smoking Status. Non-Smoker rates apply to MAI Premium applicants who have not smoked cigarettes, cigars, cigarillos, pipe, marijuana, or used snuff, chewing tobacco or nicotine products (patch, gum, etc.) within the last 12 months.*

PRE-EXISTING CONDITION LIMITATIONS

Pre-existing conditions definition

1) A condition for which an Insured Person is given medical care, treatment, services, medication, diagnosis, diagnostic test or consultation prior to the Insured Person's effective date of coverage or prior to the effective date of any benefit that is added to existing coverage; or
2) A condition which produced symptoms prior to the Insured Person's effective date of coverage or prior to the effective date of any benefit that is added to existing coverage. These symptoms must be distinct and significant enough to establish onset or manifestation by one of the following tests:

a) The symptoms would allow one learned in medicine to make a diagnosis of the disorder; or

b) The symptoms would cause an ordinarily prudent person to seek medical diagnosis or treatment. This includes, but is not limited to any condition for which the Insured Person is already on a Surgical/Procedural Waiting List in Canada.

Pre-existing conditions limitation

Benefits for Health Sure are limited for any Pre-Existing Condition that existed during the 24 months prior to the Insured Person's effective date of coverage. Health Sure coverage is not provided for any Pre-Existing Condition until after the Insured Person has been continuously insured for 24 months under this policy. This limitation does not apply to a newborn who is insured on the date of birth.

Critical illness insurance

Pre-existing Condition means: Any illness, disease, mental, nervous or psychiatric condition or disorder for which any one of medical advice, treatment, service, prescribed medication, diagnosis or consultation, including consultation to investigate and/or diagnose (where diagnosis has not yet been made) was received by an Insured Person or would have been received by a prudent individual within the 24 months immediately preceding the effective date of an Insured Person's coverage. Pre-existing Condition Limitation: No benefits will be paid if a Covered Critical Illness Condition results directly or indirectly from a Pre-Existing Condition. This limitation applies for the 24 months following the effective date of an Insured Person's coverage.

PREMIUM PAYMENT OPTIONS

Monthly payment options: ☐ Credit Card ☐ Pre-Authorized Debit (PAD)

Annual payment options: ☐ Credit Card ☐ Cheque ☐ Wire Transfer

Credit card information: ☐ Visa ☐ MasterCard

Card number: _____ Expiry date (mm/yy): _____ Cardholder name: _____

I authorize MSH INTERNATIONAL (Canada) Ltd. ("MSH") to debit my account as per the Method of Payment chosen above. Payments will be withdrawn on or around the 1st day of each month for monthly insurance premiums due. I understand this amount may change at a future date as specified in the Policy. MSH will, to the best of its ability, advise me in writing of the revised amount in advance of its effective date. The pre-authorized payment plan may be discontinued by me or MSH upon 30 days written notice. DISHONOURED TRANSACTIONS: MSH will charge a NSF fee per our current bank fee schedule (and charge this amount using the method of payment above). Privileges will be canceled if there are 2 dishonored payments in the same policy year and full premium payment of balance of policy year will be required within 30 days.

Cheque information: Attach a cheque for the first month's premium, payable to MSH INTERNATIONAL (CANADA) Ltd., Attention Accounting Department, 300, 999-8TH Street SW, Calgary, Alberta, Canada T2R 1N7

Wire transfer information

Beneficiary Bank Name: HSBC Bank Canada
Bank Transit Number: 10029
Bank Account Number: 029423260071
Beneficiary Name: MSH International (Canada) Ltd.

Bank ID: 016
Swift Code: HKBCCATT
Bank Address: 407 – 8th Avenue SW Calgary, AB Canada T2P 1E5
Beneficiary Address: Suite 300, 999 – 8th Street, SW Calgary, AB Canada T2R 1N7

Pre-authorization debit (PAD)

Account holder full name:_____

Address: _____Province:_____ Postal code: _____

Financial institution name: _____Withdrawal arrangement: ☐ Fixed ☒ Variable

Address: _____Province:_____ Postal code: _____

Financial institution number: _____Transit number:_____ Account number:_____

Recourse: 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.

PAD authorization: I/We, as the Account Holder(s), authorize MSH INTERNATIONAL (Canada) Ltd. ("MSH") and the Financial Institution named above or as indicated on the attached VOID cheque, to withdraw variable monthly payments from my/our account, at the branch indicated, for the purpose of collecting premiums and any applicable sales tax and service charges for insurance under this Policy. The PAD amount will be debited from the account indicated above on the 1st day of each month or the next business day. I/we agree to notify MSH in writing if there is any change to the banking information set out above. I/We waive the right to receive pre-notification of the amount to be debited each month and the date of such debit. I/We agree that MSH will provide written notice of the amount of the PAD at least three (3) calendar days before the first PAD is debited and before any increase to the PAD amount is debited, except when the increase is due to a change in sales tax, service charges, or the increase to the PAD amount is a result of my/our request. I/We may cancel this PAD agreement at any time, subject to providing 30 days' notice to MSH at the address on the bottom of this form. I/We may obtain a sample cancellation form, or more information on my/our right to cancel a PAD agreement at my/our Financial Institution or by visiting www.cdnpay.ca. I/We understand that cancellation of this PAD agreement will not have any effect on the insurance provided on this Policy provided that payment is received when due and is made in accordance with the terms of this Policy. This PAD agreement only applies to the method of payment.

AUTHORIZATION

I hereby authorize MSH INTERNATIONAL (Canada) Ltd. ("MSH") or its representative(s) to release all medical information including but not limited to all diagnostic and treatment reports, test results and treatment recommendations to my family physician and/or attending Canadian physician(s). I also authorize any physician, medical practitioner, hospital, clinic, or other medical or medically related facility, insurance or reinsurance company, government health insurance plan or consumer reporting agency having information available as to diagnosis, treatment and prognosis with respect to any physical or mental condition, including drug or alcohol abuse, and/or treatment of me or my named minor children and other non-medical information of me or my named minor children, to give to MSH or its legal representative any and all such information. Any information obtained will not be released by MSH to any person or organization except to insuring or reinsuring companies or other persons or organizations performing business or legal services in connection with my enrolment for the insurance, for any claim, or as may be otherwise lawfully required or as I may further authorize. I understand that if I decide to add a newborn, foster, step or adopted child for immediate Health Sure coverage and such enrolment is not made within thirty-one (31) days from the date of birth or adoption, or within thirty one (31) days from the date I become legally responsible for a step or foster child, I will be required to submit an application (including evidence of insurability) satisfactory to MSH before the insurance is effective. In this case, my dependent Child's insurance is not effective until the date MSH specifies. I understand that I may request a copy of this authorization at any time. I agree that a photographic copy of this signed authorization shall be valid as long as any claim under the Policy is outstanding.

Privacy and confidentiality

MSH INTERNATIONAL (Canada) Ltd. ("MSH") recognizes and respects every individual's right to privacy. When you apply for coverage or submit a claim, we establish a confidential file of personal information. We use the information to administer the individual benefit plan under which you are covered. This includes many tasks, such as: determining your eligibility for coverage, enrolling you for coverage, assessing your claims and providing you with payment, managing your claims, verifying and auditing eligibility and claims, underwriting activities, such as determining the cost of the plan, analyzing the design options of the plan, and preparing regulatory reports, such as tax slips. We limit access to information in your file to MSH staff or persons authorized by MSH who require it to perform their duties, to persons to whom you have granted access, and to persons authorized by law. MSH INTERNATIONAL (Canada) Ltd., your health care provider or other insurance and reinsurance companies may also exchange information when the information is needed to administer your HealthSure plan.

APPLICANT SIGNATURE

☐ I have read and understand the Pre-Existing Condition Limitations contained in this application.

☐ I have read the above notice on Privacy and Confidentiality and consent to the collection, use and disclosure of my personal information (including personal information about my dependent(s)) required for enrolment and ongoing administration of the plan.

Signature main applicant:_____ *Date (mm/dd/yyyy):* _____

REPRESENTATIVE INFORMATION

If applicable

Broker/agent:_____ Email:_____

Broker/agent signature: _____ Broker address: _____

Company name: _____ Phone: _____

MSH representative: _____ MSH account manager: _____