



Accidental Death & Dismemberment

ENROLMENT FORM & PAD AGREEMENT

Member's First Name	Initial	Member's Last Name	Gender	Date Of Birth (Y/M/D) / /
Mailing Address		City/Town	Province	Postal Code
Phone ()		COPA Membership ID Number		
Email Address				
First & Last Name of Beneficiary (if you choose more than one, total amount must equal 100%)			Relationship	Amount %
				%

A beneficiary designation is revocable unless prohibited by law. If any beneficiary is under the age of majority, it is recommended that you appoint a trustee to receive the payment on behalf of minor children in the event that payment is due prior to attaining the age of majority.

First & Last Name of Trustee _____ Relationship _____

Quebec Only: By law, the designation of your spouse, by marriage or civil union, as a beneficiary is irrevocable, unless otherwise specified. An irrevocable beneficiary designation means that you cannot change your spouse as a beneficiary in the future unless your spouse signs a waiver of their rights. you may choose a revocable beneficiary designation in order to facilitate a future request to change your spouse as a beneficiary if you elect and indicate this preference:

I choose a revocable beneficiary designation for my spouse. Initials _____

Indicate The Requested Type of Insurance Coverage

Standard Fixed Wing & Rotary Wing & Flight Instruction

Standard Fixed Wing

Standard Fixed Wing & Ultra-Light & Glider & Gyroplane & Balloon

Standard Fixed Wing & Homebuilt

Indicate The Requested Amount of Insurance Coverage (The Principal Sum)

\$125,000 \$150,000 \$175,000 \$200,000 \$225,000 \$250,000 \$275,000 \$300,000

\$325,000 \$350,000 \$375,000 \$400,000 \$425,000 \$450,000 \$475,000 \$500,000

\$50,000 \$75,000 \$100,000

PAD AGREEMENT

I hereby authorize the withdrawal of payments under a Pre-Authorized Debit (PAD) Agreement with Group Benefit Underwriters Inc., that is recurring on the first day of each month from the financial institution and account number provided, under which I have signing authority.

I acknowledge Group Benefit Underwriters Inc will charge me a fee if a PAD is declined by the financial institution, and will automatically terminate this agreement if a withdrawal is reversed by the financial institution. I agree to a PAD that varies due to changes in a rate, type of coverage, or amount of insurance. I realize a change in PAD account information requires the completion a new agreement, which must be received at least 15 days prior to the next scheduled PAD. This PAD agreement remains in effect until Group Benefit Underwriters Inc. receives written notification from me to cancel this agreement, which must be received at least 15 days prior to the next scheduled PAD.

Indicate The Requested Method of Premium Payment

example: **⑈00 1⑈ 12345 1234 234567⑈**
TRANSIT INSTITUTION ACCOUNT NUMBER

Transit Number _____ Institution Number _____ Account Number _____

Expiry (M/Y) ____/____ Card Number _____ Card Holder Name _____

Member's Signature _____ Date (Y/M/D) ____/____/____

I hereby authorize the collection, use, and disclosure of health, claims, and other personal information about me by the plan administrator, insurance company, and other service or benefit providers and their respective agents and service providers, and the disclosure of personal information by any person or organization having information about me, including medical professionals, institutions, employers, insurance companies, and other service or benefit providers, for underwriting, claims adjudication, and other administrative activities under this plan.

I hereby acknowledge that authorization is a requirement under this plan, and a copy of this authorization shall be as valid as the original. I hereby declare that all personal and payment information provided in this Enrollment Form & PAD Agreement is accurate and complete.

Member's Signature _____ Date (Y/M/D) ____/____/____

Plan Administration Services Are Provided By



Send Enrollment Form & PAD Agreement To

Group Benefit Underwriters
11 King St. East
Colborne • Ontario • K0K 1S0
1-866-325-4772