The Edge Benefits Health & Dental Plan
Application Completion Instructions

1. Please complete Section 1- General Information
2. Complete Section 2 to select the coverage being applied and any dependents that are to be covered under the plan.
3. Section 3 asks you to list the medications that any applicants/dependents have been taking during the last 3 months. *Any pre-existing ongoing medications will be excluded from coverage.*
4. Section 4 – requires your banking information for the automatic premium payments (starting with the 2nd month).
5. Section 5 is where you are stating that what you have said is correct and that you are agreeing to the terms of the agreement.

Please send the original completed application to:

HDF Insurance
Mn Flr, 10109-106 St.
Edmonton, Alberta
T5J 3L7
Attn: Brian Rose

IMPORTANT – A cheque for the 1st month's premium (made out to The Edge Benefits) must accompany the application. The Edge Benefits cannot accept cash or credit cards. The cheque can be either a personal or business cheque.

APPLICATION FOR INSURANCE

Coverage available to applicants and their spouse from ages 18 to 64. Dependent children are covered up to age 21, or 25 if enrolled as a student full-time.

SECTION 1 - GENERAL INFORMATION *(please print clearly)*

Please complete this section for APPLICANT ONLY, spouse information should be listed under dependents

APPLICANT NAME First _______ Last _______ DATE OF BIRTH DD/MM/YYYY _______ AGE _______ ❍ Male ❍ Female

ADDRESS Street _______ Suite/Apt. _______ City/Town _______ Prov. _______ Postal Code _______

TELEPHONE: _______ EMAIL _______

SECTION 2 - COVERAGE BEING APPLIED

PLAN TYPE: ❍ BASE PLAN ❍ DELUXE PLAN ❍ PLATINUM PLAN **❍ Health Only ❍ Health & Dental** **❍ Single ❍ Couple ❍ Family**

If Applicant currently holds any other coverages offered through the EDGE Plans (Policy No. _______) or is applying for any other EDGE Plans at the time of this Health & Dental application you may use EDGE Discounted Premium rates noted in the Rate Guide.

Monthly Premium $_______

(A cheque for the initial premium must be submitted with this application)

DEPENDANT INFORMATION

If listing a dependent between the ages of 21 - 25, please attach proof of full-time student enrollment.

Name	Relationship to Applicant	Gender (M/ F)	Date of Birth (dd/mm/yyyy)

SECTION 3 - MEDICATIONS *(Please Print Clearly) This section not required for Quebec residents, prescription drugs not available.*

Please list all medications you, your spouse/partner or any listed dependent children have taken in the last 3 months, including those for which refills are currently authorized or any medications expected to be used in the near future. If additional space is required, please attach a separate sheet.

Note: Prescription drugs include oral medications, injectables, creams, drops or serum.

Patient Name	Medication	Dosage	Frequency	Monthly Cost	Nature of illness/injury or condition
EXAMPLE: John Smith	Adalat xl	30 mg 1 tab	2 X/day	$50.00	Hypertension

How long is medication expected to be taken? (indicate for each medication) _______

SECTION 4 - PRE-AUTHORIZED DEBIT (PAD) PLEASE ATTACH A VOID CHEQUE.

I hereby request/authorize The Edge Benefits Inc. ("the Administrator") to debit my account, shown on the attached VOID cheque, pursuant to the Pre-Authorized Debit Agreement outlined on the attached product overview, for each month's premium payable to the Administrator and its successors or assigns. The Administrator's treatment of each payment shall be as if it were a cheque drawn on my account, and signed personally by me. **Under this premium payment method, the Administrator shall not be required to give notice of premiums due.** The expression "cheque" used in this request includes magnetic or computer produced paper tape that is or purports to be a direction to credit any amount to the Administrator and debits such amount to the account described. **If a pre-authorized cheque is returned due to non-sufficient funds, the Administrator is authorized to redeposit the cheque or add the appropriate amount to the next cheque. A $25.00 service fee will be applied to all NSF cheques.**

Premiums will be withdrawn on the 1st of each month.

Name of Bank: ______________________ **Transit #:** __________ **Institution #:** __________ **Account #:** ______________________

Date: ______________________ **Signature** (as it appears on bank records) ______________________

Date: ______________________ **Second Signature** (if required for joint account) ______________________

SECTION 5 - AGREEMENT AND DECLARATION

1) I declare that I, my spouse/partner and all listed dependents are residents of Canada who are covered by a provincial government health plan.

2) I agree that the statements contained herein are true and complete, to the best of my/our knowledge and form the basis for any coverage approved and that Green Shield Canada and The Edge Benefits Inc. reserve the right to validate the answers to the questions in this application.

3) I understand that failure to disclose or falsifying information regarding my health and/or that of my spouse/partner and or listed dependents could result in denial of a claim and the cancellation or modification of the coverage.

4) I am authorized to release information concerning my spouse/partner and my dependent child(ren) for the purposes of determining their eligibility for benefits.

5) I hereby authorize any licensed physician, or other medical practitioner, medical or medically related facility, that has any records or knowledge of me or my health, or that of my spouse/partner or any listed dependents, to exchange any such information as is needed to administer benefit claims and/or confirm the accuracy of the information with The Edge Benefits Inc. and/or Green Shield Canada. I may request and receive a copy of any medical information obtained with this authorization. A photographic copy of this authorization shall be as valid as the original.

6) I hereby understand that the coverage applied for **shall be effective on the 1st of the month following notification of approval.** I understand that it is my obligation to inform The Edge Benefits Inc. of a change in my health or that of my listed dependents due to either injury or illness which occurs after the date of this application and prior to the effective date of the policy.

7) I declare that I am able to read and/or speak English or French and acknowledge having read this notice.

8) I have been advised to read the attached product overview for a brief summary of benefits covered under the plan, and that I should review my policy booklet when received for complete details.

Signed at: ______________________ **Date (dd/mm/yyyy)** ______________________

Signature of applicant: ______________________

Notice of Disclosure from Advisors to the Applicant.
I declare that I am remunerated by commissions from The Edge Benefits Inc. depending upon volume of sales I may qualify for bonuses, awards and/or trips.
Green Shield Canada reserves the right to perform a claims audit from time to time to verify the accuracy of the medical information provided.
Note, this plan is medically underwritten. Pre-existing conditions may affect your eligibility for coverage or the type of coverage offered by Green Shield Canada.

SECTION 6 - ADVISOR INFORMATION

Advisor's Signature ______________________ **EDGE Advisor Code** 14839

Print Name Brian Rose **Telephone No.** (780) 441-4792

❍ **RBC or** ❍ **EBI Sales Consultant** ______________________ **MGA** if applicable

™ 1255 Nicholson Road
Newmarket ON L3Y 9C3
Tel: 1-800-908-9917
Fax: 1-866-273-5557

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PRE-AUTHORIZED DEBIT (PAD) AGREEMENT ***Ensure you read & understand the "Privacy Statement".***

The Payor named under Section 4: Pre-Authorized Debit on the Application form agrees that:

a) The Edge Benefits Inc. (the "Administrator") is authorized to make scheduled monthly withdrawals to pay the premium in accordance with the premium schedule set out in this policy/policies, including the initial premium, if requested in the Application, against the account at the financial institution provided under Section 4 on the Application, or any other financial institution that the Payor(s) may later designate;

b) The Edge Benefits Inc is not required to provide notification before the initial premium is debited, or if the amount of withdrawal should vary;

c) unless otherwise indicated under Section 4 of the Application, such withdrawals shall be dated on the day of the month on which the premium is due under the policy or, if more than one policy is included in this Agreement, the withdrawals shall be dated to coincide with the existing policy/policies;

d) the financial institution indicated in Section 4 of this Application, is authorized now or at any subsequent time to honour any requests made by the Administrator to withdraw premium or fees from the account indicated in Section 4 of the Application, which may include a redraw within 30 days should any withdrawal not clear the account;

e) notification of any change to the account information provided in Section 4 of the Application, shall be given to the Administrator by the Payor(s), at a minimum of 5 days prior to the next scheduled withdrawal. The Payor(s) agrees that from time to time they may authorize the Administrator to deduct such payments from another account upon the Payor's oral or written instructions;

f) this Agreement will terminate in respect of all policies included in it upon 10 days written notice by the Administrator or by the Payor(s). The Payor(s) may obtain further information on their right to cancel a PAD agreement by visiting the Canadian Payments Association website at www.cdnpay.ca;

g) in the event that a PAD is disputed, the Payor(s) agrees to contact the Administrator. For recourse purposes, this PAD is considered a Personal PAD. The Payor(s) has certain recourse rights if any debits do not comply with this agreement. For example, the Payor(s) has the right to receive reimbursement for any PAD that is not authorized or is not consistent with this PAD Agreement. To obtain more information on recourse rights, the Payor(s) may contact their financial institution or visit www.cdnpay.ca;

h) the names and signatures of all persons required to authorize withdrawals from the account indicated are included in Section 4 of this Application.

PRIVACY STATEMENT *your privacy matters to us.*

At The Edge Benefits Inc., we are committed to protecting your privacy. We respect your privacy and want you to understand how we safeguard your personal information.

HOW WE COLLECT YOUR INFORMATION

We collect and keep information about you, which is needed to provide the products and services you request. We collect information from you, either directly or through our representatives. We may also need to collect information about you from sources such as hospitals, doctors and other health care providers, the Medical Information Bureau, the government (including government health insurance plans) and other governmental agencies, other insurance companies, financial institutions, motor vehicle reports, and your current and former employer.

HOW WE USE YOUR INFORMATION

We use your information to provide the products and services you request, which includes using it to evaluate insurance risk and manage claims. We may also share your information with other third parties, when it is necessary for the services we provide to you. Third parties may include other insurance companies, the Medical Information Bureau, financial institutions, third party administrators, and any references you provide. We may use your information internally, to prepare statistical reports that help us understand the needs of our customers and that help us understand and manage our business.

For further information on the privacy policies and procedures of any of the Insurers that partner with The Edge Benefits Inc, please contact us at 1-800-908-9917.

™ 1255 Nicholson Road
Newmarket ON L3Y 9C3
Tel: 1-800-908-9917
Fax: 1-866-273-5557
hdcustomerservice@edgebenefits.com

The Edge Benefits is proud to be an independently owned and operated Canadian Company.

All EDGE Plans are developed and administered by The Edge Benefits Inc.,partnering with leading insurers to provide a wide range of Lifestyle Protection.~*Simply.*