Application for Group Insurance

Full Corporate Name

Retail Council of Canada
Association

Address

City/Town | Province | Postal Code

Phone Number | Fax Number

Hereby applies to The Co-operators Life Insurance Company for insurance under the Association program arranged by Morneau Sobeco (ESP), and agrees to pay the premiums required with respect to its employees.

Required Benefits

The **Core Plan** includes life insurance, accidental death & dismemberment and medical supplies & services. Please indicate which optional enhancement benefits should be included in addition to your Core Plan:

- ☐ Prescription Drugs
- ☐ Hospital/Out-of-Country Coverage

Optional Benefits

- ☐ Dental Benefits: *(Please Choose)* Basic Services ☐ Major Restorative ☐
- ☐ Long Term Disability Insurance
- ☐ Additional Benefits *(Specify)* _____

Premium Payment Options

- ☐ **Quarterly Billings** - payable in January, April, July and October via cheque
- ☐ **Monthly Pre-Authorized Chequing** - please sign the box below

I authorize Morneau Sobeco Inc. to make monthly withdrawals from my bank account as shown on the attached specimen cheque, or any account subsequently named by me, to pay premiums due on any policy issued as a result of this application. I request my bank or financial institution to process these withdrawals as if I had signed them.

Signature of Bank Depositor | Date Signed

PLEASE ENCLOSE A SPECIMEN CHEQUE MARKED "VOID"

Number of eligible employees _____ Number of participating employees _____

Dated at _____ this _____ day of _____, 20____

Full Name (Print) | Authorized Signature

Official Title