

ScotiaLife® Accident Hospitalization Insurance Enrolment Form

Underwritten by Scotia Life Insurance Company 100 Yonge St., Suite 400, Toronto, Ontario M5H 1H1 www.scotielifinancial.com

**3 CONVENIENT
WAYS TO ENROL:**

1 Mail completed form to:
Scotia Life Insurance Company
P.O. Box 37, Station A
Toronto, Ontario M5W 1A2

2 Call toll-free
1-800-387-9844 or

3 Fax completed form
toll-free to 1-866-607-0100

1 Information about you

First Name(s)

Last Name

Address

Date of Birth MM / DD / YYYY Age Male Female

Telephone No.

2 Information about your spouse (if enrolling) Print clearly

First Name(s)

Last Name

Date of Birth MM / DD / YYYY Age Male Female

SELECT THE COVERAGE YOU WISH TO ACTIVATE. (Tick only one box below.)

Premiums reflect SPECIAL DISCOUNTS for Customer & Spouse Coverage and for higher benefit levels.

	\$100.00* a day	\$150.00* a day	\$200.00* a day	\$300.00* a day
Customer Only Coverage	<input type="checkbox"/> \$5.95 per month	<input type="checkbox"/> \$ 8.50 per month	<input type="checkbox"/> \$10.95 per month	<input type="checkbox"/> \$15.75 per month
Customer and Spouse Coverage	<input type="checkbox"/> \$9.95 per month	<input type="checkbox"/> \$14.45 per month	<input type="checkbox"/> \$18.55 per month	<input type="checkbox"/> \$25.95 per month

*Coverage reduces by 25% at age 65, and 50% at age 70. Coverage ends at age 80. (Sales tax will be added where applicable.)

Please indicate your preferred payment option by ticking off either box 1 or 2, and completing all information required.

Option 1. Payment withdrawn from your Savings/Chequing account. **Please enclose a cheque marked "VOID".**

Account # Branch #



Option 2. Payment will be charged to your Scotiabank VISA* card (16 digit number).

VISA Card # VISA Card Expiry Date: /

I hereby apply to enrol for *ScotiaLife* Accident Hospitalization Insurance issued by Scotia Life Insurance Company ("Scotia Life") to The Bank of Nova Scotia (Scotiabank). **I understand and agree:** (i) that any coverage I receive based on this Enrolment Form, including, if applicable, spousal coverage ("My Coverage") will become effective on the Certificate Date specified in the Certificate Schedule that will be sent to me with my Certificate of Insurance, provided the first premium is paid by that date; (ii) that any false statements, material misrepresentations or omissions in this Enrolment Form may cause My Coverage to be null and void; (iii) that the principal provisions of My Coverage are described in the Certificate of Insurance, but My Coverage is ultimately governed by the provisions of the *ScotiaLife* Accident Hospitalization Insurance Group Policy, which can be examined at the Head Office of Scotia Life; (iv) that in order to administer My Coverage, Scotia Life can release my personal information to third party administrators (some of which may be located outside of Canada and subject to local law); (v) to be bound by the terms of the Scotiabank Group Privacy Agreement, a copy of which will be sent to me with my Certificate Schedule and which is also available at www.scotiabank.com/privacy; (vi) that if I have enrolled for spousal coverage, it is my responsibility to ensure my spouse has read, understood and agrees to the terms of the Scotiabank Group Privacy Agreement; and (vii) that if I wish to terminate my insurance coverage, I must notify Scotia Life in writing.

I authorize and direct Scotia Life to automatically collect the premiums due for My Coverage by debiting the account indicated above.

In order to allow for uninterrupted insurance coverage, **I authorize and direct** Scotiabank to release to Scotia Life any information Scotiabank may have regarding my name, address or telephone number or, if applicable, the account number of the Scotiabank account from which my premiums are debited.

I declare that: (i) the information about me (including age and date of birth) stated in this Enrolment Form is complete and accurate; (ii) if I have applied for spousal coverage, the information about my spouse (including age and date of birth) is completely and accurately stated in this Enrolment Form, I have obtained my spouse's consent to disclose such information to Scotia Life and my spouse has read, understood and agrees to the terms of the Scotiabank Group Privacy Agreement; and (iii) I have the right to authorize the payment of premiums from the above-noted bank or credit card account.

X
Signature required against the account

Date / /
Month Day Year

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* Visa Int./Lic. user The Bank of Nova Scotia.