



CCCC COMPASS SHORT-TERM TRAVEL INSURANCE POLICY #158927 MEMBER PROFILE

Initial Enrolment
 Change of Information
 Add a Dependent
 Terminate a Dependent

Administrator: Cowan Insurance Group Ltd, 700-1420 Blair Place, Ottawa, Ontario K1J 9L8
 Telephone: 613-741-3313, Toll Free: 1-888-509-7797, Fax: 613-741-7771 E-mail: clients@cowangroup.ca

Organization Name:		Organization Number:	
Province of residence:		Start date of coverage:	
Member's Last Name:	Member's First Name:	Provincial Health Card #	Location of Posting:
		Gender (F/M)	Date of Birth (DD,MM,YYYY)
Spouse			
Child 1			
Child 2			
Child 3			
Child 4			
Email Address:		Telephone Number:	

Mandatory Coverage

Emergency Medical Expense Benefit:
 Single
 Family
(No Deductible – 100% Reimbursement of eligible expenses – Includes Medical Emergency Evacuation – \$1,000,000 maximum)

Basic Accidental Death and Dismemberment (AD&D) Insurance (\$50,000 – Member only)

Eligibility: In order to be eligible the member and accompanying dependents must be currently covered under a Canadian provincial health plan and that coverage must remain active during their posting abroad.

Optional Life Insurance

Rate is based on age band, monthly rate per unit is \$18.95 May purchase up to \$250,000 of coverage per person			Member	Spouse
Age Band	Unit of coverage	Maximum units per age band		
Under 50	\$25,000	8 units maximum	\$ _____ (increments of \$10,000)	\$ _____ (increments of \$10,000)
50 to 64	\$10,000	20 units maximum		
65 to 69	\$5,000	5 units maximum		
70 to 75 (max)	\$1,000	5 units maximum	Please indicate total amount of Optional Life Insurance requested above.	

Note: Evidence of insurability is required for any amount exceeding \$100,000.

Optional Accident Death and Dismemberment (AD&D) Insurance

Optional AD&D Insurance Per Unit of \$10,000, monthly rate per unit is \$1.84 May purchase up to \$250,000 of coverage per person.		Member	Employee and Family Members
\$1.84 per \$10,000 unit up to \$250,000 of coverage per person		\$ _____ (increments of \$10,000)	\$ _____ (increments of \$10,000)
Please indicate total amount of Optional AD&D Insurance requested above.			

Beneficiary Designation		
Surname and given name of the revocable beneficiary(ies) (if the beneficiary is a minor, appoint a trustee)	Relationship	% of designation (must equal 100%)
Member Basic AD&D		
Member Optional Life and/or Optional AD&D Insurance (if selected)		
Spouse Optional Life and/or Optional AD&D Insurance (if selected)		

Direct Deposit: Please complete the following for your claim reimbursements to be directly deposited into your Canadian bank account.

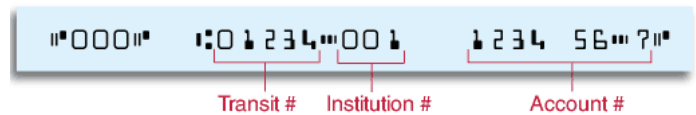
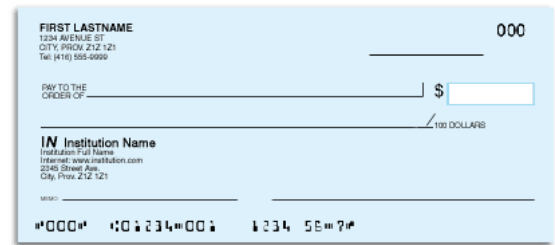
I have enclosed a "Void" cheque.

Note: Must be a Canadian bank account. By providing my banking information, I authorize Cowan to credit my account indicated below following the approval of my claim. I also consent to receiving electronic explanation of benefits. An email notification will be sent to my email address on file.

Branch/Transit # _____

Institution # _____

Account # _____



Protecting your personal information: Cowan recognizes and respects every individual's right to privacy. Upon receipt of any personal information, we consider it to be confidential. This information is accessible to limited staff, authorized individuals who require it to perform their duties, any person to whom you have granted access and to anyone authorized by law. The use of this information is to determine your eligibility for coverage and for the purpose of administering your benefit plan and claims. Should you need to add additional beneficiaries, please add them on a separate sheet. The relationship and percentage must be included for the designation to be valid.

I, the undersigned, hereby:

1. Apply for Optional Life and Optional AD&D plans under policy No. 158927 for which I am or may become eligible under this plan.
2. Certify that I am authorized to release information concerning my spouse and my dependants for the purposes of determining their eligibility for benefits and/or when it is needed to administer these benefits.
3. Confirm that I and all my dependants indicated above (spouse and children) are Canadian citizens/residents, holding valid Provincial health care coverage.
4. Designate the above revocable beneficiary or beneficiaries to receive any benefits payable from the AD&D Insurance and if applicable the Optional Life and Optional AD&D in the event of my death and revoke all previous designations in regard to these benefits. If no beneficiary hereby designated survives me, the benefits payable on or after my death are to be paid to my estate. I reserve the right to change this designation of beneficiary at any time.
5. Authorize Cowan and Great-West Life to use my certificate number, for the purpose of identification and administration of my claims and benefits and my dependant spouse and children's claims and benefits, if covered under this plan.
6. Authorize Cowan, Great-West Life, my employer, any healthcare provider, Insurance Company, organization or benefit service provider working with Cowan to exchange any or all information, when necessary, to determine my eligibility for coverage and to administer my group benefit plan and claims.
7. Understand that a photocopy or an electronic copy of this authorization shall be as valid as the original.
8. Certify that the information given on this form is true, correct and complete to the best of my knowledge.

Member Signature: _____ Date: _____

Spouse Signature : _____ Date: _____

(If Spousal Optional Benefits were selected)

Protecting Your Privacy – Cowan recognizes and respects every individual's right to privacy. Therefore, we have developed a privacy policy in order to ensure the confidentiality of personal information which we collect to properly administer our services. Upon receipt of any personal information, Cowan considers this information confidential and it is kept onsite at the Cowan office. This information is accessible to limited Cowan staff, authorized individuals who require it to perform their duties, any person to whom you have granted access, and to anyone authorized by law. The use of this information is to determine your eligibility for coverage and for the purpose of administering your group insurance plan and claims.