



**PRIVATE HEALTH SERVICES PLAN ENROLMENT**

Date: \_\_\_\_\_

Advisor/Broker Name: Janet Shygera, Integrity Insurance & Financial Services Inc.

Company Legal Name \_\_\_\_\_

Company Short Name: \_\_\_\_\_

**Mailing Address:**

Street Address \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal code: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Contact Person: \_\_\_\_\_

# of Employees: \_\_\_\_\_

Type of Business:  Incorporated or Ltd.  Sole Proprietor  Unincorporated Partnership

**Method of Payment (check one)**

Cheque

Credit Card      Credit Card #: \_\_\_\_\_

Expiry Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_

I authorize CustomCare Inc. to debit my credit card for the amount of \$309.75 (\$295.00 + GST)

Authorized Signature: \_\_\_\_\_

**Take Health Care Coverage Into Your Own Hands!**

CustomCare Inc. - #210, 200 Quarry Park Blvd. SE Calgary, AB T2C 5E3

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