



TRAVEL & CATASTROPHIC COVERAGE

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

Company Name: _____ **Policy Start Date:** _____

Employee's Name: _____ **Employee's Birthdate:** _____

Employee's Address: _____

List of Dependents:

Name: _____	Name: _____	Name: _____
Birthdate: _____	Birthdate: _____	Birthdate: _____
Gender: _____	Gender: _____	Gender: _____

PAYMENT METHOD

Monthly (\$20.00/mth) (Sign banking data form below) Annual (\$240.00/yr) (Sign banking data form below)

BANKING DATA

Branch No. (5 figures): _____ **Institution (3 figures):** _____

Account No. (12 figures): _____

Name as shown on bank records: _____

CustomCare Inc. is authorized to draw a cheque in accordance with its Pre-authorized cheque plan and to exchange personal information with the financial institution in order to execute this agreement. NOTE: Transaction fees may be charged for any cheque that is not honoured by your financial institution. I confirm that the banking information accurately corresponds to my account.

Signature (as shown on bank records)

(Other signature (joint account))

This information will not be shared with anyone outside of CustomCare Inc and will only be used for processing as per your instructions.

*** Please attach a void cheque with application**

Take Health Care Coverage Into Your Own Hands!

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