



INSURANCE AND FINANCIAL SERVICES INC.

Industrial Alliance Insurance and Financial Services Inc.
APPLICATION FOR ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE

Group Policyholder Alberta Medical Association Policy No. 100004432

I hereby apply for Accident Insurance under the terms of the Master Policy underwritten by Industrial Alliance Insurance and Financial Services Inc.

- 1) Full name of Applicant (please print)
2) Address City Postal Code
3) Beneficiary Relationship to Applicant
4) Amount of Coverage desired: \$
5) Plan (check one) Member Only Member/Family Plan
6) Birthdate: (DD/MMM/YYYY)

How to Apply
Complete and mail the Application to:

ADIUM Insurance Services Inc.
CMA Alberta House
12230 106 Avenue NW
Edmonton AB T5N 3Z1

Telephone: (780) 482-0692
1-800-272-9680 ext. 692
Fax: (780) 488-7558

E-mail: adium@albertadoctors.org

Signature of Applicant Date of Application (DD/MMM/YYYY)

DO NOT SEND MONEY with your Application. Upon receipt of your Application, you will receive a premium billing for the balance of the insurance year. A Certificate of Insurance outlining details of your coverage will be sent with your premium billing.

Effective Date of Coverage:

Your coverage takes effect on the first day of the month following the date your completed Enrollment card is received by the Policyholder.



ALBERTA
MEDICAL
ASSOCIATION

FORM C1293 (NOV/2012)

NOTICE ON PRIVACY AND CONFIDENTIALITY (Please read carefully and note for your records)

The specific and detailed information requested pursuant to this Application from you and which may be subsequently requested by us, from time to time, is required to process your Application, and process any claim for benefits made by you. To protect the confidentiality of such personal information, access to your information is restricted to any person you authorize or as authorized by law as well as those Industrial Alliance Insurance and Financial Services Inc. ("IA") employees, third party administrators, mandataries, agents or brokers of IA, reinsurers, plan sponsors and any agents or brokers of such sponsors or other market intermediaries who are responsible for (a) sponsoring a plan for you, (b) administration of products or services, (c) assessment of risk (underwriting) and (d) investigation of claims.

You are entitled to review your personal information contained in our files, subject to certain limited exceptions established by law, and if necessary, to have it rectified by sending a written request to us at: 2165 West Broadway. P.O. Box 5900, Vancouver, B.C. V6B 5H6, Attention: Manager, Group Administration, Special Markets Solutions. Corrections will be noted in the file. If a requested correction is in dispute, we nonetheless note your requested correction in the file. Further information on our privacy practices can be found at our website www.inalco.com or alternatively, contact us at 1-800-266-5667 and request that a copy be faxed or mailed to you.