Insurance

Medical Student Application for Disability and Critical Illness Insurance

to RBC Life Insurance Company

(For use under the Medical Student Offer)

PROPOSED INSURED NAME		
Last	First	Middle Initial

PROPOSED INSURED ADDRESS	**CITY**	**PROVINCE**	**POSTAL CODE**

TELEPHONE NUMBER	**ALTERNATE CONTACT NUMBER**	**E-MAIL ADDRESS**

DATE OF BIRTH			**GENDER**	**LANGUAGE OF POLICY**
Day	Month	Year	Male ☐ Female ☐	English ☐ French ☐

FULL NAME OF BENEFICIARY FOR SURVIVOR BENEFIT	**RELATIONSHIP TO PROPOSED INSURED**

All beneficiary designations are revocable except in Quebec where the designation of a legally married spouse of the owner is irrevocable unless expressly stated to be revocable by checking the following box: ☐ Revocable

CURRENT YEAR OF STUDY*

***Prior to residency, must be enrolled in the actual medical doctor degree program to qualify. Pre-medical programs are not eligible.**

1 ☐ **2** ☐ **3** ☐ **4** ☐ **Residency** ☐ **Fellowship** ☐ **Starting in Practice**** ☐

****Starting in practice limits are available if you are in your final 3 months of your residency or fellowship and your practice will commence within 3 months after your residency or fellowship ends.**

If you are requesting Starting in Practice Limits, please complete the following:

Date Starting in Practice: _____ (Day, Month, Year)

☐ Family Doctor or ☐ Specialist

If Specialist, please indicate your Medical Specialty: _____

QUESTIONNAIRE	**YES**	**NO**
1. Are you a Canadian Citizen or a Permanent Resident (landed immigrant)?	☐	☐
If "no", please provide your country of origin: _____		
2. Are you attending a Canadian university or working in a Canadian hospital?	☐	☐
3. Are you a physician or studying to be a physician?	☐	☐
4. In the past 12 months, have your used cigarettes, e-cigarettes, vaping products, more than one large cigar per month, water pipes, betel nuts more than once a month, smoking cessation products or nicotine or tobacco in any other form?	☐	☐
5. Are you now, or in the past 180 days, have you been unable to work or attend school continuously on a full-time (30 hours per week) basis in the usual and customary manner performing all of the duties of your occupation or studies, or have you been homebound more than 5 days and/or hospitalized due to an accident or sickness?	☐	☐
6. In the past 3 years, have you received any treatment or medical advice for or been diagnosed with: Depression, generalized anxiety disorder, adjustment disorder, post-traumatic stress disorder, bipolar disorder, chronic fatigue syndrome, fibromyalgia, chronic pain syndrome, attention-deficit disorder, or eating disorder or are you currently taking any anti-depressant or anti-anxiety medications?	☐	☐
7. Has an insurance company ever denied you disability insurance under an individual, group or association plan?	☐	☐
8. Has an insurance company ever denied you critical illness insurance under an individual, group or association plan?	☐	☐
9. Do you currently have the loss of: your power of speech, or your hearing in both ears, or sight in both eyes, or the use of both hands, or the use of both feet, or the use of one hand and one foot?	☐	☐

Please provide details of "YES" answer to question 9:

COVERAGE APPLIED FOR					
PLAN NAME	**BENEFIT AMOUNT**	**ELIMINATION PERIOD**	**BENEFIT PERIOD**	**BENEFITS**	
The Professional Series® **Level Premium ☐** **Step Rate Premium ☐**	**$_____**	**90 Days**	**To Age 65**	**Mandatory**	**Health Care Profession Benefit** **Future Income Option** **FIO Unit of Increase $ _____**
				Optional	**Cost of Living Adjusted Benefit ☐** **Disability in Your Occupation Benefit ☐**
The Critical Illness Recovery Plan™ **Level Premium** **Non-Cancellable**	**$_____**	**-**	**To Age 75**	**Return of Premium on Death ☐** **Disability Waiver of Premium ☐** **Scheduled Increase Benefit (available only with a benefit amount of $50,000) ☐**	

10. PLEASE COMPLETE THE FOLLOWING TABLE IF YOU HAVE ANY INDIVIDUAL, GROUP OR ASSOCIATION DISABILITY INSURANCE IN FORCE OR PENDING OTHER THAN THE COVERAGE BEING APPLIED FOR WITH RBC LIFE. IF THE TABLE IS LEFT BLANK, YOU ARE CONFIRMING THAT YOU HAVE NO OTHER DISABILITY INSURANCE IN FORCE OR PENDING (OTHER THAN RBC LIFE).

COMPANY	AMOUNT OF MONTHLY BENEFIT	TYPE (GROUP, INDIVIDUAL, ASSOCIATION)	TAXABLE?	ARE YOU REPLACING THIS COVERAGE WITH THE COVERAGE APPLIED FOR IN THIS APPLICATION?
			Yes ☐ No☐	Yes ☐ No ☐
			Yes ☐ No ☐	Yes ☐ No ☐

DECLARATIONS AND CONSENTS (Please review and sign)

It is understood and agreed as follows:

1) The Pre-Authorized Debit (PAD) form and a deposit for one month of premium are required in order to activate any coverage. If no deposit is being provided, I authorize RBC Life Insurance Company (RBC Life) to withdraw the initial premium by PAD;
2) I have read all the foregoing statements and answers. They are all true and complete. They are part of this application and any individual policy issued as a result.
3) No agent or broker has authority to waive the answer to any question, to determine insurability, to waive any rights or requirements, or to make or alter any contract or policy.
4) RBC Life may be entitled to render this policy null and void if there is misrepresentation or non-disclosure in any part of this application that is material to the insurance risk.
5) Any policy issued as a result of this form shall become effective on the Date of Issue and/or Effective Date provided that: (a) the policy has been tendered for delivery to the Proposed Owner; and (b) the answers provided on this application have not changed from the date of this application to the Date of Issue and/or Effective Date; and (c) the initial premium required has been paid. I will immediately advise RBC Life in writing, of any changes in the answers to the questions in this application between the time of this application and the delivery of the policy.
6) Any GSI Program policy issued as a result of this application shall be subject to a pre-existing conditions amendment (which contains a coverage exclusion based on my pre-existing health), and if applicable, a group/association offset amendment and/or a travel exclusion (which limits coverage while travelling outside of Canada or the United States). If the individual GSI Program disability coverage is part of a Wage Loss Replacement Plan, the policy will include a Wage Loss Replacement Amendment.
7) I acknowledge that if I answered "yes" to question nine (9), I will not be covered under the Presumptive Total Disability Benefit provision that is contained in the policy issued to me, for the specific condition(s) that require question nine (9) to be answered "yes".
8) I acknowledge that if I answered "yes" to question six (6), any coverage issued will include an exclusion for any psychiatric or emotional disorder, including but not limited to depression, anxiety, stress, burn out or substance abuse, chronic fatigue syndrome, chronic pain syndrome or fibromyalgia. I understand that I may apply to have this exclusion removed after I have been symptom free and received no health related advice or treatment from a physician, psychiatrist, psychologist, counsellor or any other healthcare practitioner, for a minimum period of five (5) years. Removal of the exclusion is subject to an application at that time, evidence of insurability and RBC Life approval.
9) I understand that when RBC Life determines the amount of insurance coverage that it will issue, they will rely on the information I have given in Section 10 about any existing or pending disability coverage. I acknowledge that if I either do not discontinue coverage that I have indicated will be replaced or I have not disclosed all existing coverage (other than RBC Life), the benefits under this policy may be reduced or not provided at all.
10) The actual amount RBC Life will issue will be based on the maximum amount I qualify for, any other disability coverage in force or pending that is not being replaced or cancelled and RBC Life Issue and Participation Limits. RBC Life is not required to specifically notify me if the amount applied for and the amount issued is different.

DECLARATIONS AND CONSENTS (continued)

11) RBC Life shall not be liable for any claim on account of any benefits applied for, commencing prior to the effective date of coverage. Notwithstanding any interim premium payments, no temporary or conditional insurance is being provided to either the proposed insured or the proposed owner.
12) **Ac**ceptance of any policy issued as a result of this application form will ratify my acceptance of any differences in the terms of coverage between the policy wording and as stated in this form.
13) I have read the section entitled "Collection, Use and Sharing of Personal Information" appearing in this application and I understand and agree to its terms.
14) A photocopy or electronic version of this application shall be as valid as the original.
15) If I have provided personal information about any other person, I confirm that I have obtained appropriate consents, in compliance with applicable privacy laws, to provide the information and for the information to be used for the necessary purposes.
16) **Québec residents:** I was presented with French versions of the application and policy, but I chose to complete the application in English. I would like my insurance contract to be in English and I agree to be bound by it. I would also like all related documents to be in English.
Résidents du Québec : On m'a présenté les versions françaises de la proposition et de la police, mais j'ai choisi de compléter la proposition en anglais. J'aimerais que mon contrat d'assurance soit en anglais et j'accepte d'être lié par celui-ci. J'aimerais également que tous les documents connexes soient en anglais.

SIGNATURE:

Proposed Insured: X _____ Date: _____
(Day, Month, Year)

Signed at: _____
(City, Province)

Advisor Information (for RBC Life use only)

Date (dd/mm/yy)				
Advisor's Signature	X		X	
Advisor's Name	Marie Dean		Blake Cherpin	
Advisor's Company Name	DEAN Financial		DEAN Financial	
Marketing Office / MGA	IDC Win		IDC Win	
Share	%	Servicing Advisor Code: 94334	%	Advisor Code : 823014

Pre-Authorized Debit (PAD) Agreement

The Payor(s) named below agrees that:

1. (a) RBC Life Insurance Company (RBC Life) is authorized to make scheduled monthly withdrawals to pay the premium in accordance with the premium schedule set out in this policy/policies, including the initial premium, against the account at the financial institution below, or any other financial institution that the Payor(s) may later designate.

   (b) **RBC Life is not required to provide notification before the initial premium is debited, or if the amount of withdrawal should vary.**

   (c) unless otherwise indicated in the Special Requests section below, such withdrawals shall be dated on the day of the month on which the premium is due under the policy or, if more than one policy is included in this Agreement, the withdrawals shall be dated to coincide with the existing policy/policies.

   (d) the financial institution indicated below is authorized now or at any subsequent time to honour any requests made by RBC Life to withdraw premium or fees from the account indicated below, which may include a redraw within 30 days should any withdrawal not clear the account,

   (e) notification of any change to the information provided below, shall be given to RBC Life by the Payor(s), at a minimum of 5 days prior to the next scheduled withdrawal. The Payor(s) agrees that from time to time they may authorize RBC Life to deduct such payments from another account upon the Payor's oral or written instructions.

   (f) this Agreement will terminate in respect of all policies included in it upon 10 days written notice by RBC Life or by the Payor(s). The Payor(s) may obtain further information on their right to cancel a PAD agreement by visiting the Canadian Payments Association website at www.payments.ca."

   (g) In the event that a PAD is disputed, the Payor(s) agrees to contact RBC Life. For recourse purposes, this PAD is considered a Personal PAD.

   The Payor(s) has certain recourse rights if any debits do not comply with this agreement. For example, the Payor(s) has the right to receive reimbursement for any PAD that is not authorized or is not consistent with this PAD Agreement. To obtain more information on recourse rights, the Payor(s) may contact their financial institution or visit www.payments.ca.

   (h) the names and signatures of all persons required to authorize withdrawals from the account indicated are included below.

2. Add to existing PAD with policy number(s) _____

3. Special Requests (withdrawals are limited between the 1st – 28th of the month) _____

Bank Information:

Please attach a sample cheque marked void (a line of credit account cannot be used).

Name of Bank or Financial Institution	Transit Number	Bank Number	Account Number

Address

City | Province | Postal Code

Dated at _____ (city/province) this _____ day of _____ (month) _____ (year)

Print Name of Payor (Account Holder)	Print Name of Second Payor (Account Holder) (if any)
X	X
Signature of Payor	Signature of Second Payor (if any)

TO BE DETACHED AND KEPT BY THE PROPOSED INSURED

Coverage Overview:

You may obtain an overview of the insurance coverage for which you have applied at http://www.rbcinsurance.com/gsi or by contacting your benefits administrator.

COLLECTION, USE AND SHARING OF PERSONAL INFORMATION

Collecting your personal information

We (RBC Life Insurance Company) may from time to time collect information about you such as:

- information establishing your identity (for example, name, address, phone number, date of birth, etc.) and your personal background;
- information related to or arising from your relationship with and through us;
- information you provide through the application and claim process for any of our insurance products and services; and
- information for the provision of products and services.

We may collect information from you, either directly or through representatives. We may collect and confirm this information during the course of our relationship. We may also obtain this information from a variety of sources including hospitals, doctors and other health care providers, the MIB, LLC, the government (including government health insurance plans) and other governmental agencies, other insurance companies, financial institutions, motor vehicle reports, and your employer.

Using your personal information

This information may be used from time to time for the following purposes:

- to verify your identity and investigate your personal background;
- to issue and maintain insurance products and services you may request;
- to evaluate insurance risk and manage claims;
- to better understand your insurance situation;
- to determine your eligibility for insurance products and services we offer;
- to help us better understand the current and future needs of our clients;
- to communicate to you any benefit, feature and other information about products and services you have with us;
- to help us better manage our business and your relationship with us; and
- as required or permitted by law.

For these purposes, we may make this information available to our employees, our agents and service providers, and third parties, who are required to maintain the confidentiality of this information.

In the event our service provider is located outside of Canada, the service provider is bound by, and the information may be SHARED in accordance with, the laws of the jurisdiction in which the service provider is located. Third parties may include other insurance companies, the MIB, LLC and financial institutions.

Your personal information may be transmitted through, stored, or processed in jurisdictions other than where you are based, in which case the information is bound by the laws of these jurisdictions. If your personal information is transferred to a country/province other than your home jurisdiction, we will take measures to protect your personal information with appropriate contract clauses or other applicable safeguards.

We may also use this information and share it with RBC® companies (i) to manage our risks and operations and those of RBC companies, (ii) to comply with valid requests for information about you from regulators, government agencies, public bodies or other entities who have a right to issue such requests, and (iii) to let RBC companies know your choices under "*Other uses of your personal information*" for the sole purpose of honouring your choices.

If we have your tax identification number (such as your social insurance number or social security number) and you hold a product generating income, we may use it for tax related purposes and share it with the appropriate government agencies.
We may also use automated processing to make decisions about you, including underwriting and claims adjudication, where applicable.

Please note that this paragraph is not applicable if this form is submitted by an independent representative or a representative that is attached to a firm other than RBC Life.

Other uses of your personal information

- We may use this information to promote our products and services, and promote products and services of third parties we select, which may be of interest to you. We may communicate with you through various channels, including telephone, computer or mail, using the contact information you have provided.

- We may also, where not prohibited by law, share this information with RBC companies for the purpose of referring you to them or promoting to you products and services which may be of interest to you. We and RBC companies may communicate with you through various channels, including telephone, computer or mail, using the contact information you have provided. You acknowledge that as a result of such sharing they may advise us of those products or services provided.

- If you also deal with RBC companies, we may, where not prohibited by law, consolidate this information with information they have about you to allow us and any of them to manage your relationship with RBC companies and our business.

You understand that we and RBC companies are separate, affiliated corporations. RBC companies include our affiliates which are engaged in the business of providing any one or more of the following services to the public: deposits, loans and other personal financial services; credit, charge and payment card services; trust and custodial services; securities and brokerage services; and insurance services.

You may choose not to have this information shared or used for any of these "Other uses" by contacting us as set out below, and in this event, you will not be refused insurance products or services just for that reason. We will never use or share your health information for these purposes. We will respect your choices and, as mentioned above, we may share your choices with RBC companies for the sole purpose of honouring your choices regarding "*Other uses of your personal information*".

Your right to access your personal information

You may obtain access to the information we hold about you at any time and review its content and accuracy, and have it amended as appropriate; however, access may be restricted as permitted or required by law. To request access to such information, to learn more about our use of automated processing, to ask questions about our privacy policies or to request that the information not be used for any or all of the purposes outlined in "Other uses of your personal information" you may do so now or at any time in the future by contacting us at:

RBC Life Insurance Company
P.O. Box 515, Station A,
Mississauga, Ontario
L5A 4M3
Telephone: 1-800-663-0417
Facsimile: (905) 813-4816

Our Privacy Notices

All collection, use, and sharing of your personal information will be in accordance with our Global Privacy Notice and Digital Channel Privacy (available at www.rbc.com/privacysecurity), which form part of these terms.

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