



VOLUNTARY ACCIDENT INSURANCE PLAN



Formerly Canadian Paraplegic Association (Alberta)

ENROLLMENT FORM

New Application
 Renewal

UNDERWRITTEN BY RBC INSURANCE (FORMERLY UNUM)

PLEASE PRINT WITH
BALLPOINT PEN OR TYPE

POLICYHOLDER: SPINAL CORD INJURY ALBERTA POLICY NO.: GSR16270	MEMBER NUMBER:
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MEMBER'S NAME:	LAST NAME	FIRST NAME	MIDDLE INITIAL	DATE OF BIRTH
MEMBER'S ADDRESS:	STREET	CITY	PROVINCE	POSTAL CODE

PLAN SELECTED: (CHECK ONE)	OPTION:	MEMBER ONLY	OPTION:	MEMBER & FAMILY
	I. <input type="checkbox"/> \$ 50,000 \$18.00	II. <input type="checkbox"/> \$100,000 \$36.00	III. <input type="checkbox"/> \$ 50,000 \$27.00	IV. <input type="checkbox"/> \$100,000 \$54.00

BENEFICIARY DESIGNATION: NAME OF BENEFICIARY	LAST NAME	FIRST NAME	MIDDLE INITIAL	RELATIONSHIP
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Please complete spouse information below only if you have chosen Family Plans III & IV:

SPOUSE'S NAME	LAST NAME	FIRST NAME	MIDDLE INITIAL	DATE OF BIRTH
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Please check one of the following:

Cheque Enclosed

I have been given the opportunity to apply for this insurance but I do not wish to participate

Amount of Cheque:

\$ _____

(ADMINISTRATOR USE ONLY) EFFECTIVE DATE _____

(Member's Signature)

Date