

Canada Protection Plan™

Application for Critical Illness Insurance



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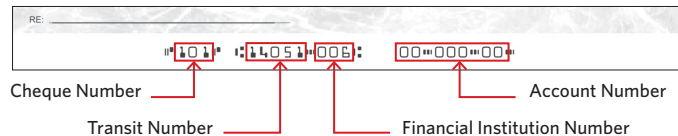
Simply
Peace of Mind

A Foresters Financial™ Company

Application Checklist

To ensure priority service and to avoid delays:

- ✓ Ensure that all applicable questions are completed before submitting. Print legibly in dark ink. Do not use "ditto" marks. Do not draw a line through any questions or answers. If you cross out an error, each person signing the application must initial it.
- ✓ Note that the initial premium will be applied on the policy date, which will be the date the policy is actually issued.
- ✓ If premium payment is annual, ensure that the initial premium is paid with the application. COD applications are NOT allowed.
 - If the initial premium is to be paid by cheque, include a current dated cheque payable to Foresters Life Insurance Company with the same date as the application
 - If the initial premium is to be paid by credit card, the frequency of premium payments must be annual
- ✓ If replacing existing insurance, please submit applicable disclosure forms if required in your province.
- ✓ If premium payment is monthly by Pre-Authorized Debit (PAD), include a void cheque or complete the banking information on page 5 (see sample cheque below). For monthly (PAD) payment method, there is no premium debit for the first month.



- ✓ Each Advisor MUST have a valid insurance licence and E&O on file with Canada Protection Plan or copies must be attached to this application.
- ✓ **Notify your client that they may receive a verification call from the Insurer to verify the information on their application.**

Plan Availability

Maximum lifetime benefit payout is \$100,000 per life.

- 1** One event each is covered.
- 2** Covers first event only.

Please see policy contract for details.

Base Plan	Term Period	Issue Ages	Minimum	Maximum
Cardiac Protect CI	Term 75	18 – 65	\$10,000	\$50,000
Cancer Protect CI	Term 75	18 – 65	\$10,000	\$50,000
Cardiac AND Cancer Protect CI ¹	Term 75	18 – 65	\$10,000 per event	\$50,000 per event
Cardiac OR Cancer Protect CI ²	Term 20	18 – 55	\$25,000	\$100,000
	Term 75	18 – 65	\$10,000	\$100,000
Optional Benefit	Minimum		Maximum	
Accidental Death Benefit (ADB)	\$10,000		\$250,000	
Return of Premium on Death (ROPD)	Returns base CI premiums and premiums paid for this rider.			

INSURED

In this application, Insured means the person proposed to be the insured.

1 Must be a Canadian Citizen, Permanent Resident or with a valid work permit to apply.

Name First Middle Last			<input type="radio"/> Male <input type="radio"/> Female	
Date of Birth MM/DD/YY		<input type="radio"/> Canadian Citizen ¹ <input type="radio"/> Permanent Resident ¹ <input type="radio"/> Work Permit ¹		
Country of Birth	If not born in Canada, specify date of arrival in Canada MM/DD/YY		Telephone Primary	
Address Street Name & Number Apartment Number City / Town Province/Territory Postal Code			Work / Other	
Occupation			Email (Required if insured is the owner)	
Driver's Licence (or Gov't Issued Photo ID # and Type) Number (and type) Province/Territory of Issue Expiry Date (MM/DD/YY)			Are you a Foresters member? <input type="radio"/> Yes <input type="radio"/> No, applying for membership	

OWNER

Complete Owner details only if different than Insured.

2 If the Owner is a corporation, the signature must be accompanied by either the company name and title of the signing officer OR a company seal.

Owner is: <input type="radio"/> Insured <input type="radio"/> Other - complete this section	Full Legal Name of Individual or Corporation/Entity ²		Relationship to Insured	
Address Street Name & Number Apartment Number City / Town Province/Territory Postal Code				
Email (Required)		Telephone Primary Work / Other		
If Individual: Date of Birth MM/DD/YY		Driver's Licence (or Gov't Issued Photo ID # and Type) Number (and type) Province/Territory of Issue Expiry Date (MM/DD/YY)		

CONTINGENT OWNER

Full Legal Name of Individual or Corporation/Entity				
Relationship to Owner				

BENEFICIARY

Total % share must equal 100% for Primary and 100% for Contingent Beneficiaries.

! **Important:** For Return of Premium on Death and Accidental Death Benefits, each beneficiary is revocable unless indicated otherwise. However in Quebec, the designation of a legally married spouse of the Owner is irrevocable unless expressly indicated to be revocable.

Critical Illness Benefits

Critical illness benefits are payable to the owner or to the estate of the owner.

Return of Premium on Death *(If applicable)*

All Return of Premium on Death are payable to the owner or to the estate of owner, unless otherwise specified below:

Beneficiary Name	Relationship to Insured (or to Owner in Quebec)	Date of Birth MM/DD/YY	%Share	Revocable (R) Irrevocable (I)	Primary (P) Contingent (C)
				<input type="radio"/> R <input type="radio"/> I	<input type="radio"/> P <input type="radio"/> C
				<input type="radio"/> R <input type="radio"/> I	<input type="radio"/> P <input type="radio"/> C
				<input type="radio"/> R <input type="radio"/> I	<input type="radio"/> P <input type="radio"/> C

If a beneficiary is a minor: In all provinces except Quebec, a trustee should be named to receive funds on the minor's behalf.

Trustee Name Relationship to Owner

In Quebec, the proceeds payable to a minor will be paid to the parent(s) (or legal guardian, if applicable).

Accidental Death Benefits *(If applicable)*

Accidental Death Benefits are payable to the owner or to the estate of owner, unless otherwise specified below:

Beneficiary Name	Relationship to Insured (or to Owner in Quebec)	Date of Birth MM/DD/YY	%Share	Revocable (R) Irrevocable (I)	Primary (P) Contingent (C)
				<input type="radio"/> R <input type="radio"/> I	<input type="radio"/> P <input type="radio"/> C
				<input type="radio"/> R <input type="radio"/> I	<input type="radio"/> P <input type="radio"/> C
				<input type="radio"/> R <input type="radio"/> I	<input type="radio"/> P <input type="radio"/> C

If a beneficiary is a minor: In all provinces except Quebec, a trustee should be named to receive funds on the minor's behalf.

Trustee Name Relationship to Owner

In Quebec, the proceeds payable to a minor will be paid to the parent(s) (or legal guardian, if applicable).

PAYOR

Complete Payor details only if different than Insured or Owner.

Payor is: Insured Owner Other — *complete this section* Relationship to Insured

Full Name Date of Birth
MM/DD/YY

Address
Street Name & Number Apartment Number City / Town Province/Territory Postal Code

For all Eligibility Questions, "You" and "Your" refer to the Insured.

1 | Within the past 12 months, have you used by any means, a substance or product containing tobacco or nicotine (excluding cigars), or have you smoked (including electronic vaporizer or "vaping") marijuana more than six times per week? Yes No
If YES, smoker rates applicable.

Eligibility questions for
 • All plans

YES If a question is answered YES in this section, please **DO NOT PROCEED.**

The following two questions must be answered.

1 | Have you ever had, been told you have, or been treated for Acquired Immunodeficiency Syndrome (AIDS) or have you ever tested positive for Immunodeficiency Virus (HIV)? Yes No
2 | Do you have or have you ever had a symptom or complaint for which you have not yet consulted with a medical professional or for which you are being investigated, or for which a diagnosis has not yet been made but you are under observation or have had a test recommended but not yet started or completed or for which the results are not yet known (exclude normal pregnancy, cold, flu, musculoskeletal injuries or routine checkups for which no follow up is required)? Yes No

The eligibility questions below are used to determine the qualification for each coverage. For each plan, the eligibility grid matches the questions required to the maximum amount of coverage.

	Cardiac Protect CI	Cancer Protect CI	Cardiac AND Cancer Protect CI	Cardiac OR Cancer Protect CI
Standard Rate (\$10,000 to \$24,999)	"No" to Section A	"No" to Section B	"No" to Section A & B	"No" to Section A & B
Preferred Rate (\$25,000 and above)	"No" to Section A & C	"No" to Section B & C	"No" to Section A, B, C	"No" to Section A, B, C
Maximum Lifetime Coverage	\$50,000	\$50,000	\$50,000 per event	\$100,000

A

YES If a question is answered YES in this section, proceed to **B** if applying for **Cancer Protect CI.**

Questions A to be answered only if applying for **Cardiac Protect CI, Cardiac AND Cancer Protect CI, and Cardiac OR Cancer Protect CI.**

A1 | Have you ever had heart bypass surgery, angioplasty, or stent insertion, or have you been treated for, or been diagnosed with diabetes type 1 or 2, stroke (CVA), transient ischemic attack (TIA or mini stroke), aneurysm, coronary artery disease, angina, heart attack, congenital heart abnormality, heart failure, cardiomyopathy, heart valve disease, cerebrovascular disease or disorder of the heart or blood vessels? Yes No
A2 | Have you ever had an abnormal cardiac, carotid or cerebrovascular test result without subsequent investigation establishing a normal result? Yes No

B

YES If a question is answered YES in this section, be sure to complete section **A** if applying for **Cardiac Protect CI.**

Questions B to be answered only if applying for **Cancer Protect CI, Cardiac AND Cancer Protect CI, and Cardiac OR Cancer Protect CI.**

B1 | Have you ever had, been treated for, or been diagnosed with cancer (excluding basal cell carcinoma), a benign or malignant brain tumor, aplastic anemia or a disease or disorder related directly or indirectly to aplastic anemia? Yes No
B2 | Have you ever had an abnormal mammogram, PSA, colonoscopy, ultrasound, or PAP test result without subsequent investigation establishing a normal result? Yes No

C

Eligibility questions for
 • Preferred rates from \$25,000 and above on any plan

YES If a question is answered YES in this section, apply for **Term 75** standard rates for up to **\$24,999.**

Questions C to be answered if applying for **\$25,000 and above** in coverage on any plan.

C1 | Have two or more members of your immediate family (father, mother, brothers, sisters) before the age of 60 ever had, been treated for, or been diagnosed with cancer, heart disease, stroke (CVA), transient ischemic attack (TIA or mini stroke) or aplastic anemia? Yes No
C2 | Is your weight greater than indicated for your height in the following table? Yes No

Height		Weight		Height		Weight	
4'8" - 4'10"	142 - 147 cm	201 lbs	91 kg	5'8" - 5'10"	171 - 178 cm	293 lbs	132 kg
4'11" - 5'1"	148 - 155 cm	221 lbs	100 kg	5'11" - 6'1"	179 - 185 cm	321 lbs	145 kg
5'2" - 5'4"	156 - 163 cm	245 lbs	111 kg	6'2" - 6'4"	186 - 193 cm	349 lbs	158 kg
5'5" - 5'7"	164 - 170 cm	270 lbs	122 kg	6'5" - 6'7"	194 - 201 cm	375 lbs	170 kg

03 Coverage Details

Application for Critical Illness Insurance

Maximum lifetime benefit payout is \$100,000 per life.

1 One event each is covered.

2 Covers first event only.

3 Issue age is the same as the base plan.

Base Plan	Term Period	Amount of Insurance
<input type="radio"/> Cardiac Protect CI	<input type="radio"/> Term 75 (Ages 18–65 \$10,000 - \$50,000)	\$
<input type="radio"/> Cancer Protect CI	<input type="radio"/> Term 75 (Ages 18–65 \$10,000 - \$50,000)	
<input type="radio"/> Cardiac AND Cancer Protect CI ¹	<input type="radio"/> Term 75 (Ages 18–65 \$10,000 - \$50,000 per event)	
<input type="radio"/> Cardiac OR Cancer Protect CI ²	<input type="radio"/> Term 20 (Ages 18–55 \$25,000 - \$100,000) <input type="radio"/> Term 75 (Ages 18–65 \$10,000 - \$100,000)	
Optional Benefit		Amount
<input type="checkbox"/> Accidental Death Benefit ³		\$
<input type="checkbox"/> Return of Premium on Death ³		\$

04 Premium Details

PAYMENT PLAN

MONTHLY

For monthly (PAD) payment method, there is no premium debit for the first month.

ANNUAL

For annual payment method, unless the payor authorizes Foresters Life Insurance Company (the Insurer) to withdraw the initial premium by credit card, this application must be accompanied by a current dated cheque for the initial premium due, payable to Foresters Life Insurance Company. Annualized premium is less for annual payment method.

Premium payment frequency	<input type="radio"/> Annual <input type="radio"/> Monthly (PAD)	Premium for the frequency	\$
Premium payment method	<input type="radio"/> Cheque. Payable to Foresters Life Insurance Company; annual payment only. <input type="radio"/> Pre-Authorized Debit (PAD). Monthly payment only; complete PAD Plan Agreement on page 5. <input type="radio"/> Credit Card. Annual payment only; complete Credit Card Payment Details below.		
Payment method for initial premium for annual payment, if different than payment method indicated above.			<input type="radio"/> Cheque <input type="radio"/> Credit Card
Initial premium for payment must be provided with this Application if annual payment method is chosen.			
CREDIT CARD PAYMENT DETAILS Complete this section ONLY if paying ANNUALLY by credit card.			
Card Type:	Cardholder name as it appears on the card		
<input type="radio"/> VISA <input type="radio"/> MASTERCARD		
Card Number	Expiry Date	Signature	
.....	

05 Special Requests / Details

Any special requests, including premium and issue instructions, may be added here.

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NOTE: Each premium for coverage applied for in this Application (if not paid with this Application), will be drawn from the account identified on the attached VOID cheque, or account information provided, unless otherwise instructed.

SAVINGS ACCOUNT

If a Savings account is used, please ensure it is eligible for pre-authorized payments.

SAMPLE CHEQUE

See the Application Checklist (front page) for a sample cheque that shows location of transit #, financial institution # and account #.

Monthly Withdrawals under this PAD Agreement are: Personal related Business related

Withdrawal date requested (1st – 28th)

PAD bank account information to be taken from: Attached VOID cheque Banking information below *(complete if cheque is not attached)*

Type of Account <input type="radio"/> Chequing <input type="radio"/> Savings	Transit # (5 digits)	Account #
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Financial Institution # (3 digits)	Name of Financial Institution
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Address of Financial Institution

Street Address	City/Town	Province/Territory	Postal Code
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PAD PLAN AGREEMENT

The payor, by signing below, verifies that the payor is an account holder of the account identified above or on the attached VOID cheque and agrees that:

- 1 | The Insurer is authorized to make deductions monthly under this Agreement from that account or another account later identified or substituted by the payor for premium and insurance charges for each Policy issued by that Insurer in response to this Application.
- 2 | The financial institution from which the deductions are to be made is authorized to treat each deduction by the Insurer as though the payor made it personally.
- 3 | The Insurer reserves the right to determine when the first deduction, if any, will be made and the amount of that deduction for each Policy issued by it; the subsequent deduction amounts may be variable.
- 4 | This Agreement is effective immediately and will continue until terminated, which either the payor or the Insurer may do at any time by providing notice of at least 30 days to the other. Payor may obtain a sample cancellation form or further information on the right to cancel a PAD Plan Agreement at his/her financial institution or by visiting www.payments.ca.
- 5 | Should funds not be available due to insufficient funds, the Insurer may, at its option, draw from the payor's account on the next scheduled withdrawal date for the insufficient amount applicable to each Policy while that Policy is in effect.
- 6 | The payor has certain recourse rights if any debit does not comply with this Agreement. For example, the payor has the right to receive reimbursement for any debit that is not authorized or is not consistent with this Agreement. To obtain more information on recourse rights, the payor may contact his or her financial institution or visit www.payments.ca.
- 7 | If the payor is signing this Agreement electronically, the payor agrees that the time period for providing written confirmation of this Agreement, before the first deduction, can be reduced from 15 days to 3 days. If handwriting the signature, written confirmation is not required before the first deduction which can be made at any time.
- 8 | The payor may contact the Insurer at its address and phone number:

Attention: **Policyowner Services, Foresters, 789 Don Mills Road, Toronto, ON, Canada M3C 1T9**
 Phone Number: **1-877-629-9090**

The payor waives the right to receive pre-notification of the amount and date of the first deduction and of a change in the deduction amount required as premium or charges for each Policy in effect, or a change in amount requested by the payor by whatever means.

The account holder must sign this PAD Plan Agreement as his/her name appears on bank records for the account provided.

Signature of Account Holder	Date
	MM / DD / YY
Signature of Joint Account Holder (if applicable)	Date
	MM / DD / YY

DEFINITIONS

These definitions apply for purposes of this Agreements and Authorizations.

“Application” means this Canada Protection Plan Application for Critical Illness Insurance. “Insured” and “Owner” mean each person identified as such in this Application. “I/me” means individually each person identified in this Application as either the Insured or the Owner. “Insurer” means Foresters Life Insurance Company. “Policy” means a policy issued by the Insurer in response to this Application and includes each rider that is attached to it. “Authorized Purpose” means: assessing, servicing or administering insurance coverage, a Policy, claim or the benefits of membership; identity verification, offering products and services; business analysis and operations; any other purpose as required or permitted by law. “Authorized Person” means the Insurer, reinsurer, advisor, insurance agency, managing general agency and market intermediary related to this Application or a Policy and the respective parent, affiliates and authorized representatives of each and those performing services on behalf of one or more of the preceding in relation to an Authorized Purpose, this Application, or a Policy, benefit claim, membership or management of the respective business of each.

AGREEMENT

I, by signing this Application, agree that:

- 1 | The statements and answers contained in this Application, and other evidence of insurability signed or provided by me, are true and complete and will be relied upon by the Insurer in deciding whether to issue a Policy.
- 2 | For the purpose of determining eligibility for insurance, the Insurer may consider risk characteristics other than those mentioned in the questions in this Application.
- 3 | A Policy issued, if any, by the Insurer will only come into effect according to the terms of that Policy, which may include factors such as the date this Application was approved, the Policy issue date, payment of the first premium, and provided there is no change in insurability, as described in the Policy, prior to the date of delivery of the Policy.
- 4 | The Insurer may void the Policy in the event of any misrepresentation by me in this Application or in any other documents or answers delivered to the Insurer in connection with this Application.
- 5 | No advisor, medical examiner or any other person has authority to advise that any untrue or incomplete answer or information is acceptable and has no power, except for Foresters Life Insurance Company’s President or Corporate Secretary, or successor positions, to make, modify, or discharge a Policy.
- 6 | I expressly agree to have this Application, the Policy and any related documents in English. Je demande expressément que ce document ainsi que tous les documents y afférents soient rédigés en anglais.
- 7 | Premium rates are guaranteed in the first 5 policy years. After that, premiums may change but will not discriminate based on changes in the insured’s health after the policy date.
- 8 | The Insured has received a copy of the Important Notices page.
- 9 | Changes or corrections made to this Application, if any, by the Insurer are ratified by the Owner if the Policy delivered to the Owner is not returned to the Insurer during the cancellation period.
- 10 | If I have chosen to provide a current internet email address or other electronic contact information in this Application or choose to provide such address or contact information in the future, the Insurer and its affiliates may use that address or contact information to send messages, information or documents to me electronically relating, directly or indirectly, to this Application and the Policy, or to membership, events, benefits, claims, administration or other goods and services.

AUTHORIZATION

A photocopy of this authorization shall be as valid as the original.

I, by signing this Application, authorize the collection and use of information about me, by an Authorized Person for an Authorized Purpose, from any: physician, medical practitioner, hospital, clinic, or medical facility; employer; benefit plan, other insurer or institution; public records; or MIB, Inc.

I, by signing this Application, authorize an Authorized Person to make a brief report about my personal health information to MIB Inc., even if this Application is cancelled or withdrawn. Information may be disclosed: between and among Authorized Persons; to companies that I have applied or may apply to for critical illness, life or health insurance, or benefits; as required or permitted by law.

Each person providing this authorization may, by written notice to the Insurer, revoke their authorization. Revoking authorization, however, will not affect action(s) begun before receipt of notice or prevent an Authorized Person from using personal information to administer a Policy, report to MIB Inc. if previously authorized to do so, or to inform of or administer the benefits of membership.

OTHER PRODUCTS AND SERVICES

By checking this box, I consent to receiving written or electronic messages from Canada Protection Plan with information about other products and services that may be of interest to me. I may withdraw my consent at any time.

SIGNATURES

This Application must be current dated and received at Canada Protection Plan’s Head Office within 14 days of signature date.

I understand and agree that my signature below applies to, and is for the purposes of, this entire Application.

Signature of Insured

Signature of Owner (only if different) Signature of Advisor

The owner or the insured, if the insured is the owner, signed in on
Province/Territory (MM/DD/YYYY)

Advisor's Report

ADVISOR INFORMATION

Advisor Name (first, middle, last)	Advisor Code	Agency Code	Split %

RELATIONSHIP TO INSURED AND DISCLOSURE

When shown original identification documents to verify identity, you must confirm that the documents are valid, original and unaltered by reviewing both sides of each document.

- 1 | How long have you known the Insured?
- 2 | Are you related to the Insured? Yes No *If YES, what is the nature of your relationship?*
- 3 | Who initiated this application? Owner Insured Advisor Other (specify)
- 4 | Did you meet with the Owner and Insured in person to complete this application? Yes No
If NO, please indicate method for obtaining the answer to the questions in this application: Telephone and/or mail Video conference / Skype
- 5 | Did you verify the identity of the Owner, by confirming that the identification details provided in this application match original identification documents shown to you? Yes No
- 6 | Do you know of any information not disclosed in this application that may be important to assessing the Insured's eligibility for the plan applied for? Yes No
If YES, please provide details:

SIGNATURE OF ADVISOR WHO COMPLETED THIS APPLICATION AND ADVISOR'S REPORT

I provided to the Insured and the Owner the Important Notices page and a statement of disclosure outlining the companies I represent, the fact that I receive compensation for the sale of critical illness, life and health insurance company products, and that I may receive additional compensation in the form of bonuses, conference programs or other incentives. I have also disclosed any conflicts or potential conflicts of interest with respect to this transaction.

To the best of my knowledge and belief, the information provided in the application is current, correct and complete. I satisfied the Owner's requirements with a suitable product. I am not aware of any additional information that is material to the underwriting and acceptance of this application that has not been disclosed in this application or Advisor's report.

Reasonable effort was exercised by me to determine if the Owner is acting on behalf of a third party.

If I suspect that an undisclosed third party is involved, I will immediately email details to compliance@cpp.ca.

Signature of Advisor Date
MM / DD / YY

Signature of training supervisor where required Date
MM / DD / YY

I have reviewed this application and Advisor's report.

Signature of servicing agent if different from above Date
MM / DD / YY

Important Notices

(Detach and present to Insured)

Respecting your privacy is important to us at Canada Protection Plan and Foresters Life Insurance Company. We will maintain your Personal Information in a confidential file to be used at our offices to provide you with our products and services and information about your Foresters membership. Information in your file will be collected, used and disclosed, on a continuing basis, by Canada Protection Plan and Foresters, our employees, reinsurers, agents and representatives, service providers or professional consultants to determine your eligibility for our products and services; to assess or administer claims; to administer your policy and address your questions; to tell you about, and provide, the benefits of membership; provide you with information about products, services or member benefits that may meet your needs; to help us continually improve our services and develop programs for Foresters members; and as further described in the Authorization section of the application. We will restrict access to your file to our employees, service providers, representatives, affiliates and reinsurers who need the information in the performance of their duties for us and to any person or organization to whom you gave consent. Our employees, service providers, representatives, reinsurers and any of their service providers may be located outside Canada. As such, your Personal Information may be subject to the laws of other jurisdictions and may be disclosed in response to demands or requests from government authorities, courts, or law enforcement in those countries. You are entitled to access certain Personal Information contained in your file and, when applicable, to have it corrected. You may also ask us not to send you information about our products, services, or member benefits.

To do either of these, please write to: **Canada Protection Plan at 789 Don Mills Road, Toronto, ON, Canada M3C 1T9.**

To access our most recent privacy policies, please visit our websites at www.cpp.ca and www.foresters.com.

NOTICE REGARDING MIB

Information regarding your insurability will be treated as confidential. We, or our reinsurers may, however, make a brief report on it to MIB Inc., formerly known as Medical Information Bureau, a non-profit membership organization of life insurance companies, which operates an information exchange on behalf of its members. If you apply to another MIB member company for life, disability or health insurance coverage, or a claim for benefits is submitted to such a company, MIB, upon request, will supply that company with the information about you in its file. If you question the accuracy of the information about you in the MIB file, you may contact MIB and seek a correction.

The address of MIB's information office is:

MIB, 330 University Avenue, Toronto, Ontario M5G 1R7. Its telephone number is (416) 597-0590 and website is www.mib.com.

POLICY LIMITATIONS

For **Accidental Death Benefit**, the benefit payable may be limited by factors such as the Insured's age and the cause of death. Please see your policy for detailed terms and conditions.

The policy that may be issued as a result of this application has important terms and limitations. You should review it carefully as soon as you receive it.

R E C E I P T

(Detach and present to Owner ONLY if a cheque was provided for payment of the first annual premium.)

Foresters Life Insurance Company acknowledges the receipt of \$ to be applied in payment of the first premium for critical illness insurance of This amount will be refunded, if collected by us, if no policy is issued.

There is no conditional or temporary insurance coverage even though an amount was provided, or collected, as the first premium payment. If a policy is issued, insurance will only come into effect as described in, and subject to the terms of, that policy.

If the policy is not received within six (6) weeks of the date of this receipt, please contact Canada Protection Plan at the address on the back cover.

Dated at this day of , 20.....
City/Province

Thank you for placing your trust in Canada Protection Plan, providing you with peace of mind.

With Canada Protection Plan, should you have a pre-existing illness, such as heart disease or cancer, you may still be eligible for certain coverages.

Our Critical Illness Insurance plans include:

- ✓ No medical tests or exams
- ✓ Easily get coverage in just days
- ✓ Receive up to \$100,000 of protection
- ✓ Coverage up to age 75
- ✓ Payments start in the second month - applicable on monthly payment plans only

Canada Protection Plan is underwritten by Foresters Life Insurance Company of Canada, which is a member of Assuris and a subsidiary of Foresters (established in 1874).

You may qualify to enjoy a valuable package of member benefits.*

From online document preparation service** for creating customizable wills and powers of attorney to competitive scholarship and more.

When you receive your policy, all benefits will be outlined.

* Foresters Financial member benefits are non-contractual, subject to benefit specific eligibility requirements, availability, definitions and limitations and may be changed or cancelled without notice.

** LawAssure is provided by Epoq, Inc. Epoq is an independent service provider and is not affiliated with Foresters. Some features may not be available based on your jurisdiction. LawAssure is not available in the Yukon, the Northwest Territories and Nunavut. LawAssure is not a legal service or legal advice and is not a substitute for legal advice or services of a lawyer.

You may not expect to become seriously ill. But it could happen.

Critical Illness Insurance can help protect you and your loved ones.



Distributed by
Canada Protection Plan
789 Don Mills Road,
Toronto, ON, Canada
M3C 1T9

Tel: (416) 447-6060
Toll free: 1-877-447-6060
Fax: (416) 447-9881

cpp.ca

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