

Offer to Clients Of Ken LaPalm

FutureSafe Critical Illness Insurance Guaranteed Acceptance for Ages 18 to 64

Receive \$25,000 upon diagnosis and 30 day survival of any of the following**:

Heart Attack
Coronary Artery Bypass Surgery
Stroke
Life Threatening Cancer
Parkinson's Disease
Alzheimer's Disease
Multiple Sclerosis
Kidney Failure
Paralysis
Blindness
Deafness
Loss Of Speech
Benign Brain Tumor
Coma
Major Burns
Major Organ Transplant
Major Organ Failure Requiring Transplant
Motor Neuron Disease



\$25,000.00
Benefit for
\$29.80/month*

*Ontario Residents add 8% PST

Payment
Options:



PAC
(Pre-
Authorized
Chequing)

Enrollment Takes Minutes!
**Simply fill out the form on reverse and
mail or fax**

FutureSafe is a product offering of Care Navigator Inc.
and is Underwritten by AXA Assurances Inc.

Up to \$250,000 Accidental Death Coverage Now Available for You and Your Family

Accidental Death & Dismemberment (AD&D) Coverage Includes:

- Education Benefit
- Day-Care Benefit
- Rehabilitation Benefit
- Workplace Modification and Accommodation Benefit
- Occupational Training Benefit
- Family Transportation Benefit
- Common Disaster Benefit
- Seat Belt Benefit
- Home Alteration and/ or Vehicle Modification Benefit
- Hospital Indemnity
- Aircraft Coverage
- Exposure and Disappearance

Ken LaPalm
373 Front St. Belleville ON K8N 2Z9
613 968 9900

** **Important Note:** If you have been taking medication, seeing a doctor or being treated for any of the illnesses within 24 months before the effective date of coverage, the principal sum will not be paid. Other exclusions apply. Be sure to read exact definitions in the FAQ on reverse.



1 **IMPORTANT:** Please be sure to complete all fields

Enrollee's Name _____ Province of Residence _____
 Sex: M F Smoker Non-Smoker Date of Birth M D Y

Full Address _____
 Email Address _____ Phone # (____) _____

\$25,000.00 Coverage for \$29.80 per month

Signature _____ Date M D Y

1 **Enroll Your Spouse:** Sex: M F Smoker Non-Smoker Date of Birth M D Y

Spouse Enrollee's Name _____

\$25,000.00 Coverage for \$29.80 per month

Signature _____ Date M D Y

2 **Optional Accidental Death & Dismemberment Coverage**

I would also like to obtain;

SINGLE

\$50,000.00 Coverage add \$8.00 per month \$100,000.00 Coverage add \$15.00 per month \$150,000.00 Coverage add \$20.75 per month \$200,000.00 Coverage add \$24.50 per month \$250,000.00 Coverage add \$28.25 per month

Enrollee's Name: _____ Enrollee's Signature _____

Beneficiary's Last Name _____ First Name _____ Relationship _____
 I hereby designate my beneficiary as irrevocable revocable

**Or, I would also like to obtain;
 APPLICANT WITH FAMILY**

\$50,000.00 Coverage add \$12.00 per month \$100,000.00 Coverage add \$19.00 per month \$150,000.00 Coverage add \$25.00 per month \$200,000.00 Coverage add \$32.00 per month \$250,000.00 Coverage add \$39.00 per month

Spousal Enrollee's Name _____ Spousal Enrollee's Signature _____

Beneficiary's Last Name _____ First Name _____ Relationship _____
 I hereby designate my beneficiary as irrevocable revocable

IMPORTANT: The Beneficiary Designation is revocable unless otherwise specified. **For Quebec Residents** the spousal beneficiary is deemed irrevocable unless otherwise specified.

Frequently Asked Questions

- What is Critical Illness Insurance?** Critical Illness Insurance pays a tax-free lump-sum benefit for those diagnosed with and surviving any illness specified in the plan. After diagnosis of one of the listed illnesses, there is a 30 day survival period the claimant must live in order to qualify for the benefit. If the claimant dies before the thirty days, no benefit will be paid. Benefits are paid even if you make a full recovery.
- Why do I need Critical Illness Insurance?** Use your cash to pay for recovery, rent, mortgage, credit cards, debt etc.
- Are there any Exclusions that would Void the Policy?**
 The Principal Sum will not be paid if a Critical Illness results directly or indirectly from any one or more of the following causes:
 1) Within ninety (90) days following the effective date of coverage of the Insured Person a) Diagnosis of Cancer is made, or b) any symptoms or medical problems commenced and initiated investigations leading to the subsequent Diagnosis of Cancer.
 2) An intentionally self-inflicted injury or sickness, whether the Insured Person is sane or insane.
 3) The use of illicit drugs other than as prescribed and administered by or in accordance with the instruction of a legally licensed medical practitioner.
 4) From a Pre-existing Condition except if such Critical Illness is Diagnosed twenty-four (24) months after the Insured Person's effective date of coverage.
- What is a Pre-Existing Condition?**
 "Pre-existing Condition" means: a) the existence of symptoms which would cause an ordinarily prudent person to seek diagnosis, care or treatment within a twenty-four (24) month period preceding the Insured Person's effective date of coverage, or b) an illness or condition for which the Insured Person, during twenty-four (24) months prior to the effective date of his coverage incurred medical expenses, received medical treatment, took prescribed drugs or medicine or consulted a physician.
- Are Rates Guaranteed?** Premiums are only guaranteed for each year by the Insurer and may change in subsequent years. If a change does take place it would apply to all policyholders.
- When is the effective date of the policy?** The effective date is the day we take out your first payment of premium.
- What will I receive upon obtaining coverage?** You will receive a Certificate of Insurance by mail or email.
- What are the Issue Ages?** Our Guaranteed Issue Accidental Disability and AD&D has the same issue ages as our Critical Illness Insurance –ages 18 to 64 with the policy terminating at age 65.
- Explain "revocable and irrevocable" beneficiary?** Revocable means that the beneficiary can be changed in the future. Irrevocable means the beneficiary once chosen, cannot be changed without authorization from the original named beneficiary.

HOW WOULD YOU LIKE TO PAY? For your convenience, if you choose payment by Pre-Authorized Collection or credit card, your future premium billings will automatically reflect the same payment method.

Payment by Credit Card: Annually Monthly Visa MasterCard _____
 Credit Card Number Expiry Date

Payment Annually by Cheque
 Include a cheque with your completed application for the annual premium (12 X the monthly premium)

Payment Monthly by Pre-Authorized Collection from your chequing account
 Include a sample cheque marked "void" when you return your completed application.

Premium Total
1A + 1B + 2A or 2B
 \$ _____
 Ontario Residents Please Add 8% PST

Mail Completed Enrollment to: FutureBright 260 Queen Street West 4th Flr. Toronto, Ontario M5V 1Z8
Or Fax: 416-367-5827