

Rep Name:

Fax #:

*Debtor*

*Co-Debtor*

<p><b>1.</b> Have you attended a medical facility for, consulted or planned to consult a physician for, received medical or surgical advice for, been diagnosed with, or experienced any symptoms related with any of the following:</p> <ul style="list-style-type: none"> <li>• Chest pain, angina, heart attack, heart disorder, high blood pressure, circulatory disorder, stroke, cerebral or neurological disorder?</li> <li>• Cancer or tumour, blood disorder, liver disorder, hepatitis, alcohol use, drug use?</li> <li>• Diabetes, respiratory or lung disorder, kidney disorder, urinary disorder, stomach disorder, ulcerative colitis, Crohn's disease, Acquired Immune Deficiency Syndrome (AIDS) or AIDS Related Complex (ARC) or immune system abnormality?</li> <li>• Anxiety, depression or any other psychiatric or mental nervous disorder?</li> <li>• Back disorder or any other illness or injury?</li> </ul> <p><b>2.</b> Have you ever had an application for Life, Disability or Critical Illness Insurance declined, rated or modified in any way?</p> <p><b>3.</b> Other than routine check-ups or minor ailments (cold, flu, etc.), have you had any medical or surgical advice or treatment or taken medication or therapy for any ailment during the last 2 years?</p> <p><b>The following question is ONLY intended for applicants applying for Critical Illness Insurance:</b></p> <p><b>4.</b> Have any of your siblings or parents died from or been diagnosed with cancer, heart disease or stroke before age 60?</p>	YES	NO	YES	NO
	YES	NO	YES	NO
	YES	NO	YES	NO
	YES	NO	YES	NO

If any of the above questions were answered "YES", provide full details below.

Question #, debtor or co-debtor?	Nature of Disorder	Duration & Date	Attending physician/hospital/medication	Phone #

## Application

I apply for insurance under the Group Policy for a term not greater than that of my Loan or Lease. I declare (and any Co-Debtor) that the information given by me in this application is true and complete and forms the basis of insurance contract applied for or issued. I understand that any misrepresentation in disclosures made by me in respect of this coverage may cause my insurance to be voided. The Application and any other forms submitted by me in connection with this insurance form part of the Certificate issued hereunder. I authorize any creditor, lender or other party authorized by them to pay the Total Insurance Premium on my behalf. I understand that if my application is not accepted, the Insurer's liability is limited to a refund of premiums.

**Important Notices:** Insurance is voluntary and is not required as a condition of the loan or lease. The Insured Debtor and/or Co-Debtor shall have 30 days from the Effective Date to cancel the insurance evidenced by the certificate. Such cancellation may be effected by giving written notice of cancellation to the Insurer, postmarked no later than the 30th day after the Effective Date. Upon receipt of such written notice by the Insurer the insurance evidenced by this Certificate shall be deemed to have never been in force and a full refund of the premium shall be paid.

I, the undersigned Debtor and Co-Debtor, hereby authorize any licensed physician, medical practitioner, hospital, pharmacy, clinic or other medically-related facility, insurance company, the group policy administrator, the insurance plan sponsor, any investigative and security agency, any agent, broker or market intermediary, any government agency or other organization or person that has any records or knowledge of me or my health to provide to the Insurer or its reinsurers any such information for the purpose of this application and contract and any subsequent claim. I authorize Unity Life of Canada to consult its existing files for this purpose. A photocopy of this authorization shall be valid as the original.

Unity Life of Canada and its duly sponsored and authorized agents and brokers and participating reinsurers adhere to the Personal Information Protection and Electronic Documents Act (Canada) (PIPEDA) and any other applicable privacy legislation of your province or territory. Your personal information will be used only for the purposes we have identified and will be conveyed only to the applicable department, authorized agency or servicing bureau and/or wholly owned subsidiary for servicing. All such information will be safeguarded in accordance with applicable legislation.

You have the right to request access to your personal information to verify its accuracy and completeness and to request amendments. Please submit your request in writing to Unity Life of Canada, P.O. Box 1098, Station F, 50 Charles Street East, Toronto, ON M4Y 2T7. Attn: Privacy Officer. Unity Life of Canada may use your personal information to determine other insurance products and services that may meet your needs and to offer them to you. If you do not wish your information to be used for any of these future offerings, check here or you can write to us at Unity Life of Canada, P.O. Box 1098, Station F, 50 Charles Street East, Toronto, ON M4Y 2T7 Attn: Privacy Officer.

\_\_\_\_\_  
Debtor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co- Debtor's Signature

\_\_\_\_\_  
Date

If you are eligible to apply and have applied for Life, Critical Illness and/or Disability Insurance, you are insured subject to the terms and provisions of the Group Policy. Some of the provisions of the Group Policy are summarized in the Application and in the Certificate on the back of this form. In case of a discrepancy between this document and the Group Policy, the Group Policy shall prevail. It is the express wish of the Debtor(s) that this Agreement and any related documents be drawn up and executed in English. Le ou les emprunteurs souhaitent expressément que le présent contrat et tout document s'y rapportant soient rédigés et établis en anglais.

## P.A.C. Authorization

I authorize the Bank, as noted on the ATTACHED VOID PERSONAL CHEQUE, to pay funds for the premiums set out and drawn by Unity Life of Canada monthly or semi-annually. Either party may cancel this agreement at any time upon written notice to the other party and the bank. This pre-authorized cheque plan is for my convenience, the responsibility for payment of premiums remains with the Certificate Holder(s).

PAC withdrawal date (select one)    1st            15th

\_\_\_\_\_  
Signature of Borrower

\_\_\_\_\_  
Signature of Co-Borrower (if applicable)

\_\_\_\_\_  
Date

General Leasing PRG (Non.Fin) August 2008

[www.lease-link.ca](http://www.lease-link.ca)

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