

## DIETITIANS OF CANADA AD&D INSURANCE PROGRAM

Name of Applicant:

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Mailing Address:

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City:

Province/Territory:

Postal Code:

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Telephone:

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Email:

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*Note: This coverage is only available to members who reside in Canada. Please confirm you understand and agree to the eligibility requirements*

### Membership Information

In order to be eligible for this insurance policy, you must reside in Canada and be a member of Dietitians of Canada.

Please confirm you understand and agree to the eligibility requirements.

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Are you a member in good standing with Dietitians of Canada?

Yes  No

If yes, please provide your DC member number:

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### Applicant Details

In order to purchase the Accidental Death and Disablement coverage you must be under the age of seventy (70).

Please confirm you understand and meet these eligibility requirements.

## 24 Hour Accident Insurance

### AD&D

Provides a lump sum benefit should a loss occur due to an Accident and pays according to a schedule of benefits.

### PTD

Lump sum benefit when as the result of accidental injury disablement entirely prevents the Insured Person from attending to all aspects of any business or occupation for which they are practically suited by training, education, industry knowledge or experience and which lasts twelve (12) months and at the end of that period is beyond hope of improvement.

### Repatriation

In the event of Accidental Death not less than 50 kilometres from normal place of residence the Insurer will pay the expense incurred for transportation of body to the first resting place up to the sum insured.

### Rehabilitation

When Accidental Injury results in a loss payable under AD&D and the injury requires to undergo special training in order to be qualified to engage in a special occupation in which the insured would not have engaged except for such injury, the insurer will pay reasonable and necessary expenses for such training not to exceed the sum insured.

### Fracture Benefit

When injury results in any of the listed fractures, dislocations, severances or miscellaneous conditions due to an Accident the insurer will pay up to the sum insured in accordance with the percentages listed.

| Coverage Overview                         | \$25,000<br>Limit | \$50,000<br>Limit | \$75,000<br>Limit | \$100,000<br>Limit |
|---|-------------------|-------------------|-------------------|--------------------|
| Accidental Death and Dismemberment (AD&D) | \$25,000          | \$50,000          | \$75,000          | \$100,000          |
| Permanent Total Disability (PTD)          | \$25,000          | \$50,000          | \$75,000          | \$100,000          |
| Repatriation                              | \$5,000           | \$5,000           | \$5,000           | \$5,000            |
| Rehabilitation                            | \$5,000           | \$5,000           | \$5,000           | \$5,000            |
| Fracture Benefit                          | \$2,000           | \$2,000           | \$2,000           | \$2,000            |
| Dental Injury                             | \$500             | \$500             | \$500             | \$500              |
| Accidental Medical                        | \$5,000           | \$5,000           | \$5,000           | \$5,000            |
| <b>Annual Cost*</b>                       | <b>\$50</b>       | <b>\$75</b>       | <b>\$85</b>       | <b>\$125</b>       |

\*Cost includes premium and administration fee

Do you want to buy Accident Insurance coverage?

Yes

No

If yes, please select the limit required:

\$25,000

\$50,000

\$75,000

\$100,000

## Fee Disclosure

|         | \$25,000<br>Limit | \$50,000<br>Limit | \$75,000<br>Limit | \$100,000<br>Limit |
|---------|-------------------|-------------------|-------------------|--------------------|
| Premium | \$29              | \$54              | \$72              | \$96               |
| Fee     | \$21              | \$21              | \$13              | \$30               |

## Declaration

I declare that during the last five years no insurer has cancelled, declined or refused to issue me/us any form of liability insurance and that this application discloses the hazards known to exist at the date of this application.

I declare that the statements herein are in every respect true and correct and hereby apply for a contract of insurance to be based upon the truth of the said statements.

I declare that I am a member in good standing with Dietitians of Canada. If it is determined that I do not hold an active membership, I understand that my insurance policy is null and void.

Submitting this form does not bind the Applicant or company to complete the insurance but is agreed that this form shall be the basis of the contract should a policy be issued.

**The insurance premium is fully retained and not refundable.**

Signed by:

Date:

## Payment Information

**The following provinces are subject to provincial sales tax:**

Ontario residents add 8% sales tax  
Québec residents add 9% sales tax  
Manitoba residents add 7% sales tax  
Newfoundland residents add 15% sales tax  
Saskatchewan residents add 6% sales tax

All other provinces are exempt.  
GST is not applicable to insurance premiums.

Please complete credit card authorization on the next page.

|                |    |
|----------------|----|
| Sub-total      | \$ |
| Tax            | \$ |
| Total Enclosed | \$ |

# Authorization for Credit Card Charge

VISA, AMEX or M/C Account No:

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Expiry Date:

CVV:

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Cardholder Name:

Signature:

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**BMS Canada Risk Services Ltd. (BMS)**  
825 Exhibition Way, Suite 209  
Ottawa, ON K1S 5J3

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Email: [dietitians.insurance@bmsgroup.com](mailto:dietitians.insurance@bmsgroup.com)