

# Student Accident Insurance Application Form

## Personal information

155 University Ave, Suite 600, Toronto, ON M5H 3B7, Fax 416-441-0474

1	Name of insured:			
	Date of birth:		OPA number:	
	<small>(dd/mm/yyyy)</small>			
	Mailing address:		Street	
			Apt / Suite #	
	<small>City/town</small>		<small>Province/Territory</small>	
	Phone number:		Cell number:	
	<small>Postal code</small>			
	Email address:			
	Do you have provincial health insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Effective date of coverage:</b> First day of:		End date of coverage:		
Please indicate end date above, if possible, and check one: <input type="checkbox"/> Certain <input type="checkbox"/> Estimated <input type="checkbox"/> Unknown				

## Beneficiary designation

Unless otherwise designated, this beneficiary appointment is "REVOCABLE", except for Quebec residents.

2	<b>Full name of primary beneficiary</b>	%	<b>Relationship to insured</b>
<b>Name of secondary beneficiary</b> (in the event of death of primary beneficiary before insured)		%	<b>Relationship to insured</b>
<b>Full name of trustee</b> (if named beneficiaries are children below age 18)		<b>Relationship to insured</b>	
I acknowledge that further information concerning the collection, use and disclosure of personal information by OPA is available through the website <a href="http://opatoday.com">opatoday.com</a> . Please click on the topic titled "OPA Privacy Policy".			
Signature of insured		Date	
Signature of witness		Date	

## Payment information

3	<b>Premium - \$21.60</b> per month including RST		
	Payment Options: <input type="checkbox"/> <b>Cheque</b> (payable to Ontario Pharmacists' Association) <input type="checkbox"/> <b>Visa</b> (Do not email credit card information) <input type="checkbox"/> <b>Mastercard</b> (Do not email credit card information) <b>Additional 2% administration fee will apply when paying by credit card</b>		
	Card number:	Expiry date:	CSV:
	Name on credit card:		Signature of card holder