

COMPANY INFORMATION			
COMPANY NAME		POLICY START DATE	
OFFICE USE ONLY			
ADDRESS			
CITY	PROVINCE	POSTAL CODE	
MAILING ADDRESS (if different)			
CITY	PROVINCE	POSTAL CODE	
PHONE	FAX	EMAIL	
ADMINISTRATOR NAME	PHONE (if different from above)	EMAIL (if different from above)	

We would like to enroll our employees in the ProSave Plan. We are aware that all current employees will be added as well as any new employees.

PAYMENT

\$6.95 PER EMPLOYEE / PER MONTH

BANKING DATA		
Branch No. (5 figures)	Institution (3 figures)	Account No. (12 figures)
Name as shown on bank records		
<p>CustomCare Inc. is authorized to draw a cheque for monthly recurring payments in accordance with its Pre-authorized cheque plan and to exchange personal information with the financial institution in order to execute this agreement. NOTE: Transaction fees may be charged for any cheque that is not honoured by your financial institution. I confirm that the banking information accurately corresponds to my account.</p>		
Signature (as shown on bank records)		Other signature (joint account)

This information will not be shared with anyone outside of CustomCare Inc. and will only be used for processing as per your instructions.



PLEASE ATTACH A VOID CHEQUE WITH THIS APPLICATION

To discontinue your coverage under this plan, we require 10 days written notice prior to the start of the month you wish to terminate the policy in.