Application Form

BINKS

Expert Guidance In A World Of Risk.

STUDENT ACCIDENT INSURANCE For Students of the Ottawa Carleton District School Board

Premiums are one-time annual rates

Plan Type & Description	Super Plan Plus	Super Plan	Plan Three	Plan Two	Plan One	University/ College Plan
Coverage 24 Hours/Day All Year	✓	✓	✓	✓	✓	✓
Unlimited Dental	10 years	10 years	10 years	10 years	10 years	1 year
Dismemberment/ Loss of Use*	$150,000	$150,000	$100,000	$75,000	$50,000	$100,000
Total & Permanent Disability*	$250,000	$150,000	$100,000	$75,000	$50,000	$100,000
Death Benefit	$10,000	$10,000	$5,000	$3,000	$2,000 Natural $5,000 Accidental	$5,000
Per Tooth After 10 Years + Inflation Guard	$1,500	$1,250	$1,250	$1,250	$1,250	n/a

PLEASE CHECK OFF YOUR PLAN AND CIRCLE YOUR CHOICE OF PREMIUM.

☐ One Child Premium	$26.50 E	$18.50 D	$14.00 C	$12.00 B	$7.50 A	$20.00 Y
☐ Two Children Premium	$53.00 E	$37.00 D	$28.00 C	$24.00 B	$15.00 A	n/a
☐ Three or More Children Premium**	$73.00 N	$51.00 M	$38.75 L	$33.00 K	$20.75 J	n/a

Letters above are for office use only.

Include All Family Members On One Application.

University/College Students and Mature Students must apply individually for specified plans indicated and not part of a family plan.

Optional:

Additional Total Permanent Disability $100,000
plus Additional Accidental Death Benefit $5,000

☐ Yes, I would like the Optional Coverage for ___ Children at $7.00 per Child.

☐ No, I do not want the optional coverage.

* Only one of these two benefits is payable per Child in the event of an accident

** Three or more Children from the same family under the age of 20 (not in University or College)

The insuremykids® Protection Plan is available on-line.

Please visit www.insuremykids.com to download a copy of the Policy. If you would like us to send you a copy, please check the box below.

☐ Email me a copy of the Policy ☐ Mail me a copy of the Policy (Allow 6 – 8 weeks)

☐ No thank you, I will download a copy

TOTAL PREMIUM $

Enclose a cheque (no cash please) for the correct premium selected or complete the section for credit card payment.

Please check off method of payment.

☐ Cheque enclosed
☐ Credit card payment

Please make all cheques payable to Reliable Life Insurance Company

Credit Card Payment

Credit Card Holder Name

Credit Card Number - - -

Expiry Date MMYY

Name of Insured(s)

Family Name	First Name	Date of Birth YYMMDD

List more Insured's on separate sheet.

Parent/Guardian

Address

City Province Postal Code

Telephone Number - -

Email Address

School Name

Signature _____ Date _____
Applicant

Insurance begins on the later of:
1. Date the Application is received by Reliable Life or an authorized representative of the company; or
2. Date the premium funds are received by the company

Mail your application and Cheque or Money Order payment to: Reliable Life Insurance Company insuremykids®
Box 557, 100 King Street West
Hamilton, Ontario L8N 3K9
You may also fax your application (be sure to include your credit card number on the form) to 905-528-8338