



McGill Injury Only Income Protection to be part of e-application

PLEASE TAKE THE TIME TO COMPLETE THE INFORMATION BELOW AND FAX BACK TO MCGILL: 416.981.8838

NAME OF BUSINESS APPLICANT		PHSP#
<input type="checkbox"/> SELF-EMPLOYED	<input type="checkbox"/> PROFESSIONAL PRACTICE	<input type="checkbox"/> CORPORATION
NATURE OF BUSINESS		

INDIVIDUAL TO BE COVERED		
<input type="checkbox"/> SAME AS ABOVE	NAME OF INSURED	
DATE OF BIRTH dd / mm / yyyy	SEX <input type="checkbox"/> M <input type="checkbox"/> F	SMOKER OR NON SMOKER
NAME OF SPOUSE (IF JOINT COVERAGE)	SPOUSE'S DATE OF BIRTH dd / mm / yyyy	SMOKER OR NON SMOKER

CONTACT INFORMATION					
BUSINESS			PERSONAL		
ADDRESS			ADDRESS		
City	Prov	Postal Code	City	Prov	Postal Code
PHONE	FAX		PHONE	FAX	
E-MAIL			E-MAIL		
PREFERRED COMMUNICATION: <input type="checkbox"/> MAIL <input type="checkbox"/> FAX <input type="checkbox"/> E-MAIL <input type="checkbox"/> PHONE					

BENEFIT PERIOD	Injury Only Income Protector - (Benefit based on net income)	
BENEFIT PERIOD TO AGE 65	<input type="checkbox"/> AMOUNT APPLIED FOR: \$1,000.00 BENEFIT START DATE: 60 DAYS	<input type="checkbox"/> MONTHLY PREMIUM: \$27.47 ANNUAL PREMIUM: \$329.80
PREMIUM CALCULATION: AMOUNT OF BENEFIT X MONTHLY PREMIUM. \$750.00 TO A MAXIMUM OF \$3,000.00 MONTHLY	<input type="checkbox"/> \$3,000.00 – 60 DAYS	<input type="checkbox"/> MONTHLY PREMIUM: \$82.42

PAYMENT for:		<input type="checkbox"/> CREDIT CARD <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> AMEX	
INCOME PROTECTOR PLAN MONTHLY OR ANNUAL ONLY Payment by Credit Card only.		EXPIRY DATE mm yy	
		SIGNATURE	
		NAME OF CARDHOLDER (Please Print)	TODAY'S DATE dd mm yyyy
		AGENT ID (Corp. Use Only)	
\$1,000.00 a month costs \$27.47	\$2,000.00 a month costs \$54.94		