



ARMSTRONG-McCREADY INC.

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Request for enrollment in accident insurance policy # 9207251 underwritten by AXA Assurance.

Name of Association: _____

Address: _____

Responsible Official: Name: _____

Tel: _____ E-Mail: _____

Fax: _____

Please indicate the numbers covered by Ontario or Quebec Health Insurance, and add 8% of their premiums for Ontario Sales 9% for Quebec Premium Tax.

12 MONTH ENROLLMENT (Please enclose a list of names and province of provincial medicare for each person).

PLAN INFORMATION	BRONZE	SILVER	GOLD	TOTAL
No. Insured _____ at	\$ 65.00	\$ 200.00	\$ 285.00	\$
Ont. Premium Tax: _____ x	\$ 5.20	\$ 16.00	\$ 22.80	\$
Que. Premium Tax: _____ x	\$ 5.85	\$ 18.00	\$ 25.65	\$
Effective Date:			TOTAL	\$ (A)

OUT-OF-CANADA ENROLLMENT (Please enclose a list of names)

No. Insured _____:	from _____	to _____	(Que. _____)	(Ont. _____)
No. Insured _____:	from _____	to _____	(Que. _____)	(Ont. _____)
No. Insured _____:	from _____	to _____	(Que. _____)	(Ont. _____)
No. Insured _____:	from _____	to _____	(Que. _____)	(Ont. _____)

No. Insured _____ x _____ weeks x \$30.00 =	\$
No. Insured _____ x _____ weeks x \$30.00 =	\$
No. Insured _____ x _____ weeks x \$30.00 =	\$
No. Insured _____ x _____ weeks x \$30.00 =	\$

Ont. Premium Tax: _____ x _____ x \$2.40	\$
Que. Premium Tax: _____ x _____ x \$2.70	\$ _____

TOTAL OUT OF CANADA \$ _____ (B)

GRAND TOTAL \$ _____ (A&B)

