



Industrial-Alliance Pacific Life Insurance Company VOLUNTARY ACCIDENT INSURANCE APPLICATION



Group Policyholder: **KEYSTONE AGRICULTURAL PRODUCERS**

Policy No. 100004313

I hereby apply for group voluntary personal accident insurance under the Group Policy issued by Industrial Alliance Pacific Life Insurance Company to the Group Policyholder named above and certify that I am an eligible member (or full-time employee of an eligible member) of the Group Policyholder.

- 1) Full name of Applicant (please print): _____
- 2) Address: _____ City/Town: _____ Prov: MB Postal Code: _____
 Phone Number: (204) _____ Date of Birth: _____ KAP ID No.: _____
- 3) Beneficiary: _____ Relationship to Applicant: _____
Member and Family Plan Dependents' Beneficiary: The beneficiary of all dependents' loss of life benefit will be the Member, unless otherwise designated.

4) Amount of Principal Sum desired: \$
 (multiples of \$25,000; minimum coverage \$25,000; maximum coverage \$500,000)

NOTE – FOR FULL-TIME EMPLOYEE COVERAGE:
 A full-time employee is required to complete a separate application and the member must sign their application.
 Coverage for member is a pre-requisite for full-time employee coverage.
 Principal Sum for full-time employees must not exceed coverage for member.

- 5) Plan (check one)
- Member-Only Plan
- Member and Family Plan
- Full-Time Employee-Only Plan

Make cheque payable to:
Keystone Agricultural Producers

Mail cheque and application to:
STRATA Benefits Consulting Inc.
2nd Floor – 1447 Waverley St.
Winnipeg MB R3T 0P7

Signature of Full-Time Employee: _____

Signature of Member: _____ Date of Application: (dd/mmm/yyyy) ____/____/____

The terms and conditions governing the insurance are set out in the Group Policy, which is on file with the Group Policyholder.

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Print Date 1205

Schedule of Benefits*

Loss of	% of Principal Sum	Loss of	% of Principal Sum
Life	100%	One Hand	66 2/3%
Both Hands	100%	One Foot	66 2/3%
Both Feet	100%	Entire Sight of One Eye	66 2/3%
Entire Sight of Both Eyes	100%	Speech or Hearing	66 2/3%
One Hand and One Foot	100%	Four Fingers of Either Hand	33 1/3%
One Hand and the Entire Sight of One Eye	100%	All Toes of One Foot	25%
One Foot and the Entire Sight of One Eye	100%	Thumb and Index Finger of Either Hand	33 1/3%
Speech and Hearing	100%	Hearing in One Ear	33 1/3%
One Arm	75%	Quadriplegia	200%
One Leg	75%	Paraplegia	200%
		Hemiplegia	200%

This policy also pays benefits for:

- Fractures and Dislocations (Insured Applicant only)
- Home & Vehicle Modification
- Occupational Training
- Rehabilitation
- And much more

***Benefits** for injury resulting in loss, or permanent and total loss of use of, which occurs within 1 year of the accident.

Coverage takes effect on the first of the month following receipt of application, payment of premium, and confirmation of KAP membership.

This is for information purposes only. For further details, refer to the Master Policy, which is on file with the Policyholder and Administrator. This group Master Policy sets forth, in detail, the terms and conditions of the Plan and the rights and obligations are determined in accordance with the Master Policy, not this information piece/application.

Annual Premium
(per \$25,000 of Principal Sum)

Member-Only Plan:	\$18.00
Member and Family Plan:	\$24.00
Full-Time Employee-Only Plan:	\$18.00

Forward the completed Application, and applicable payment (payable to Keystone Agricultural Producers), to:

STRATA Benefits Consulting Inc.
 2nd Floor – 1447 Waverley St.
 Winnipeg MB R3T 0P7

For more information call 1-866-527 (KAP) 0123, extension #1.