Mail your application form and Cheque or Money Order payment to:

Western Financial Group
Group Insurance Solutions
777 Portage Avenue
Winnipeg, Manitoba R3G 0N3

You may also fax your application to 204-957-0678 (be sure to include your credit card number on the form)

Application Form

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
PREMIUMS ARE ONE-TIME SINGLE ANNUAL RATES

Plan Type & Premium	Super Plan Plus	Super Plan	Plan Three	Plan Two	Plan One	University/ College Plan
☐ One Child Premium	$34.25 ME	$23.50 MD	$18.25 MC	$15.50 MB	$12.00 MA	$23.50 MY
☐ Two Children Premium	$68.50 ME	$47.00 MD	$36.50 MC	$31.00 MB	$24.00 MA	n/a
☐ Three or More Children Premium**	$94.00 MN	$64.00 MM	$50.00 ML	$43.00 MK	$34.00 MJ	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 $9.00 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 Student Accident Insurance Policy is available online.

Please visit www.studentaccidentinsurance.ca 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)*

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) *(please print clearly)*

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 *(please print clearly)*

School Name(s) _____

School Division _____

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