

Application Form



Plan Type & Description	Platinum Plan	Gold Plan	Silver Plan	Bronze Plan	University/College Plan
Coverage 24 Hours/Day All Year	✓	✓	✓	✓	✓
Unlimited Dental	10 years	10 years	10 years	10 years	1 year
Dismemberment/Loss of Use*	\$150,000	\$150,000	\$100,000	\$75,000	\$100,000
Total & Permanent Disability*	\$250,000	\$150,000	\$100,000	\$75,000	\$100,000
Death Benefit	\$10,000	\$10,000	\$7,500	\$7,500	\$5,000
Per Tooth After 10 Years + Inflation Guard	\$1,500	\$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	Platinum Plan	Gold Plan	Silver Plan	Bronze Plan	University/College Plan
<input type="checkbox"/> One Child Premium	\$26.50 E	\$18.50 D	\$14.00 C	\$12.00 B	\$20.00 Y
<input type="checkbox"/> Two Children Premium	\$53.00 E	\$37.00 D	\$28.00 C	\$24.00 B	n/a
<input type="checkbox"/> Three or More Children Premium**	\$73.00 N	\$51.00 M	\$38.75 L	\$33.00 K	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 plus Additional Accidental Death Benefit

- 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 online.

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)

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 mm/yy

Name of Insured(s) (please print clearly)

Family Name

First Name

Date of Birth yy/mm/dd

Parent/Guardian

List more Insured's on separate sheet.

Address

City

Province

Postal Code

Telephone Number

Email Address (please print clearly)

School Name(s)

Signature

Applicant

Date

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

Please mail to: insuremykids Protection Plan

Reliable Life Insurance Company

PO Box 2046 STN LCD 1

Hamilton, ON L8N 4J4