

ACCIDENTAL DEATH & DISMEMBERMENT ENROLLMENT FORM

Please complete and return this form to your Plan Administrator (please see page 3 for detailed instructions)

SECTION 1 - PERSONAL INFORMATION

Policyholder: Doctors of BC Policy Number: 056/027444A

Member Name: _____ Male Female
First Middle Last

Doctors of BC Number: _____ Date of Birth (MM/DD/YY): ____ / ____ / ____

Member Email: _____

Mailing Address: _____

SECTION 2 - COVERAGE REQUESTED

Type of Coverage: Member Only Family

Amount of Member Coverage (in units of \$100,000 up to \$2,000,000): _____

Do you have any adult child(ren) dependents who will be covered under this plan? Yes No

Please read the Privacy: Notice Concerning Personal Information on Page 4 before signing this form

Signature of Member: _____ Date (MM/DD/YY): ____ / ____ / ____

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFICIARY DESIGNATION

SECTION 1 - LOSS OF LIFE PRIMARY BENEFICIARY DESIGNATION (All other losses are payable to the Insured Person)

Name (first, middle, last)	Address	Relationship to Insured Person	% Share	
				<input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable
				<input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable
				<input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable

In respect of minors, please name a trustee below to receive payment while the beneficiary is a minor:

SECTION 2 - LOSS OF LIFE CONTINGENT BENEFICIARY DESIGNATION (All other losses are payable to the Insured Person)

Name (first, middle, last)	Address	Relationship to Insured Person	% Share	
				<input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable
				<input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable
				<input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable

In respect of minors, please name a trustee below to receive payment while the beneficiary is a minor:

SECTION 3 - AUTHORIZATION AND SIGNATURE

Please read the Privacy: Notice Concerning Personal Information on Page 4 before signing this form

Signature of Member: _____ Date (MM/DD/YY): ____ / ____ / ____

INSTRUCTIONS FOR COMPLETING THE BENEFICIARY DESIGNATION FORM - AD&D

NOTE: If you make any corrections or deletions on the form, you must initial each change. You must not use correction tape or fluid (white-out) on the form, otherwise the form will be invalid.

Section 1 - Loss of Life Primary Beneficiary Designation

It is important that you designate a beneficiary for the Loss of Life benefit under the Accidental Death and Dismemberment insurance. Your designated beneficiary is the person who you choose to receive the life benefit amount if you die accidentally. Failure to designate a beneficiary will result in any life claim being paid to your Estate. (Payment for all losses under the "dismemberment" portion of this policy, such as loss of limb, etc. are payable to you.)

If you designate more than one beneficiary, you must indicate the percentage of the claim to be paid to each beneficiary (the total percentage for all beneficiaries combined cannot be more than 100%).

Where it applies, please indicate whether your beneficiary is "revocable" or "irrevocable":

- "Revocable" means you can change this beneficiary without their consent.
- "Irrevocable" means that you cannot change this beneficiary without their written consent.

If you designate a beneficiary who is a minor (under the age of 18), please name a trustee to receive payment on behalf of the minor.

Section 2 - Contingent Beneficiary Designation

You may want to designate a "contingent beneficiary" - an alternate beneficiary who you want to have the death benefit paid to in the event the beneficiaries you designated in Section 2 are not living at the time of your death. If so, please complete this section.

Where it applies, please indicate whether your beneficiary is "revocable" or "irrevocable":

- "Revocable" means you can change this beneficiary without their consent.
- "Irrevocable" means that you cannot change this beneficiary without their written consent.

If you designate a contingent beneficiary who is a minor (under the age of 18), please name a trustee to receive payment on behalf of the minor.

Section 3 - Authorization and Signature

You must sign and date your form, in INK, in order for a beneficiary designation to be eligible - only signatures in ink are acceptable, in the event a claim form needs to be filed with a court.

Please send the signed completed form to:

Doctors of BC Insurance Department
115-1665 West Broadway
Vancouver, BC V6J 5A4

Retain a copy for your records. A death benefit cannot be paid out to a beneficiary unless this has been completed in accordance with the instructions above.

PRIVACY: NOTICE CONCERNING PERSONAL INFORMATION

The information collected on this enrollment form is required for the purposes of reviewing and, if approved, processing this enrollment form. It may also be used to administer the insurance policy, protect against fraud, investigate and determine any claims that may be made under the policy, or as otherwise may be required by law.

This information, and information in existing files, may be used by Sutton Special Risk Inc., its agents, affiliates, partners, reinsurers, and authorized administrators for these purposes, regardless of whether a policy is issued or coverage ceases to be in force. Your information will only be shared as necessary.

Some of these entities may be located outside of Canada, therefore your information may be processed in a foreign jurisdiction, unless we are otherwise prohibited, where it will be subject to the laws of that jurisdiction.

This information may also be used to provide you with information about products and services that may be of interest to you. We do not disclose personal information to other organizations for marketing purposes. If you do not want us to use your information for these optional purposes or if you would like to access your personal information on file, you may contact us at privacy@suttonspecialrisk.com or Privacy Office, Sutton Special Risk Inc., 33 Yonge Street, Suite 270, Toronto, Ontario M5E 1G4. A copy of Sutton Special Risk's privacy policy is available on our website or by request.