

Summary of Coverages

MORTGAGE PLAN

1. PERSONAL INFORMATION

NOTE: It is important to complete this section (1) prior to printing the form.

BORROWER

Last name

First name

Gender

 M

 F

Date of birth

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
DAY	MONTH	YEAR	AGE

2. MORTGAGE INFORMATION

ADDRESS OF THE MORTGAGED PROPERTY

Address

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
N°	STREET	APT.	CITY	PROVINCE	POSTAL CODE

Number of dwellings (if applicable)

Is there any business in the building?

 Yes

 No

If so, please specify

IDENTIFICATION OF THE CREDITOR (PRIVATE OR FINANCIAL INSTITUTION)

<input type="text"/>	<input type="text"/>	<input type="text"/>
NAME	TELEPHONE	FAX

Address

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
N°	STREET	SUITE	CITY	PROVINCE	POSTAL CODE

LOAN PARTICULARS
 Mortgage loan

 Home equity line of credit

\$

INITIAL LOAN AMOUNT

\$

MONTHLY PAYMENT
 (capital, interest and property taxes if you included)

Loan term

 1 year

 2 years

 3 years

 4 years

 5 years

 other

Amortization period

NUMBER OF YEARS

Date of loan

<input type="text"/>	<input type="text"/>	<input type="text"/>
DAY	MONTH	YEAR

Effective date

<input type="text"/>	<input type="text"/>	<input type="text"/>
DAY	MONTH	YEAR

End date of loan term

<input type="text"/>	<input type="text"/>	<input type="text"/>
DAY	MONTH	YEAR

Please attach a copy of the mortgage loan agreement.

3. MORTGAGE PLAN

BORROWER

- Non-smoker
- Smoker

			AMOUNT INSURED (\$)	MONTHLY PREMIUM (\$)
Mortgage life				
Mortgage disability				
Principal residence <input type="checkbox"/> Option A: 24-month benefit period <input type="checkbox"/> Option B: Duration of loan	Second residence <input type="checkbox"/> Option A: 24-month benefit period	Building of 8 dwellings or less <input type="checkbox"/> Option A: 24-month benefit period <input type="checkbox"/> Option B: Duration of loan		
Total premium			\$	

CO-BORROWER

- Non-smoker
- Smoker

			AMOUNT INSURED (\$)	MONTHLY PREMIUM (\$)
Mortgage life				
Mortgage disability				
Principal residence <input type="checkbox"/> Option A: 24-month benefit period <input type="checkbox"/> Option B: Duration of loan	Second residence <input type="checkbox"/> Option A: 24-month benefit period	Building of 8 dwellings or less <input type="checkbox"/> Option A: 24-month benefit period <input type="checkbox"/> Option B: Duration of loan		
Total premium			\$	
Total monthly premium <small>(Borrower and Co-borrower)</small>			\$	
Annual monthly = monthly premium x 12			\$	

The person to be insured asks that Canassurance Hospital Service Association and/or Canassurance Insurance Company and/or Blue Cross Life Insurance Company of Canada issue a contract as per the benefits chosen in the Summary of coverages document. This document will be part of his/her insurance application.

Signed in _____ this _____ day of _____ 20____

CITY DAY MONTH YEAR

SIGNATURE OF PRIMARY INSURED

SIGNATURE OF REPRESENTATIVE

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