## ENROLMENT APPLICATION FOR VOLUNTARY CRITICAL ILLNESS – OPTION CI

Please complete and mail to: NLTA Group Insurance Plan, P.O Box 12049 St. John's NL A1B 1R7 Fax: (709) 737-1021

	Given Name		Date of Birth
	Phone: Home		
. FOR MEMBER			
	nrolled for (please indicate <u>one</u> cho		\$50,000
	\$20,000\$30,000 Conditions Limitations Clause, as		
	ide Dependent Child Coverage of \$		⊐No
	due Dependent China Coverage of 5.	,000 🗆 1 05 1	
Name	DOB	Name	DOI
Name	DOB	Name	DOI
$\Box$ I wish to apply	y for more than \$50,000 worth of co	verage \$	
Please contac	et the Plan Administrator, Johnson	n Inc., at 1-800-	-563-1528 for application
I understand r Financial Sect	ny application will have to be appro urity.	ved by the unde	rwriter, Desjardins
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(In the last 12 kind of tobacc	e your smoking status	igarillos, cigar,   otine patches o	pipe, marijuana or any othe
(In the last 12 kind of tobacc If the answer is	months, did you smoke cigarettes, c co or substitutes for tobacco, like nic s Yes, you would be considered a Smok	igarillos, cigar, <sub> </sub> otine patches or er.)	pipe, marijuana or any othe r medication like Zyban?
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