



# **ARMSTRONG-McCREADY INC.**

640 Lakeshore Drive, Suite 100  
 Dorval, Quebec  
 H9S 2B6

Tel: (514) 636-5351  
 Fax: (514) 636-8268  
 E-mail: caip@armstrongmccready.ca  
 www.armstrongmccready.ca

Request for enrollment in accident insurance policy # 9207251 underwritten by AXA Assurance.

**Name of Association:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Responsible Official: Name:** \_\_\_\_\_

*Tel:* \_\_\_\_\_ *E-Mail:* \_\_\_\_\_

*Fax:* \_\_\_\_\_

Please indicate the numbers covered by Ontario or Quebec Health Insurance, and add 8% of their premiums for Ontario Sales 9% for Quebec Premium Tax.

**12 MONTH ENROLLMENT** (Please enclose a list of names and province of provincial medicare for each person).

PLAN INFORMATION	BRONZE	SILVER	GOLD	TOTAL
No. Insured _____ at	\$ 65.00	\$ 200.00	\$ 285.00	\$
Ont. Premium Tax: _____ x	\$ 5.20	\$ 16.00	\$ 22.80	\$
Que. Premium Tax: _____ x	\$ 5.85	\$ 18.00	\$ 25.65	\$
<b>Effective Date:</b>			TOTAL	\$ <b>(A)</b>

**OUT-OF-CANADA ENROLLMENT** (Please enclose a list of names)

No. Insured _____ :	from _____	to _____	(Que. _____)	(Ont. _____)
No. Insured _____ :	from _____	to _____	(Que. _____)	(Ont. _____)
No. Insured _____ :	from _____	to _____	(Que. _____)	(Ont. _____)
No. Insured _____ :	from _____	to _____	(Que. _____)	(Ont. _____)

No. Insured _____ x _____ weeks x \$30.00 =		\$
No. Insured _____ x _____ weeks x \$30.00 =		\$
No. Insured _____ x _____ weeks x \$30.00 =		\$
No. Insured _____ x _____ weeks x \$30.00 =		\$

Ont. Premium Tax: _____ x _____ x \$2.40		\$
Que. Premium Tax: _____ x _____ x \$2.70		\$

**TOTAL OUT OF CANADA** \$ \_\_\_\_\_ (B)

**GRAND TOTAL** \$ \_\_\_\_\_ (A&B)

