



RETIRED WORKERS CHAPTER

POWER WORKERS' UNION PROTECTION PLAN for RETIREES APPLICATION

(Please print – Attach separate sheet if additional space required)

IF YOU HAVE ANY QUESTIONS CALL 1-877-393-0338

Mail, fax or scan/email the completed form (ATTN: Power Workers' Union Protection Plan for Retirees) to:

2235 Sheridan Garden Drive
Oakville, Ontario
L6J 7Y5

Fax: 905-287-2403 or 1-800-705-0006

Email: pwupp@firstcdn.com

<input type="checkbox"/> I am a Retiree of the Power Workers Union
<input type="checkbox"/> I am applying for Legal Expense Coverage - \$299 includes PST (3 year term)
<input type="checkbox"/> I am applying for Title Insurance Coverage * - \$369 + PST
<input type="checkbox"/> I am applying for Identity Theft Coverage * - \$30 + PST (available only with the purchase of Title Insurance) *

* Insurance by FCT Insurance Company Ltd.

REGISTRATION

MANDATORY FIELDS FOR REGISTRATION TO POWER WORKERS' UNION PROTECTION PLAN for RETIREES

MEMBER CONTACT INFORMATION				
Member Name:				
<input type="text"/>				
Last		First		
Address:				
<input type="text"/>				
Street	Apt./Unit	City	Province	Postal Code
Telephone:	<input type="text"/>	(Home)	<input type="text"/>	(Work)
Email:	<input type="text"/>			
Preferred Method of Communication: (check all that apply)				
<input type="checkbox"/> Home Phone	<input type="checkbox"/> Work Phone	<input type="checkbox"/> Email	<input type="checkbox"/> Postal	
<input type="checkbox"/> Other (specify):	<input type="text"/>			

PLEASE FILL IN THE FOLLOWING SECTION ONLY IF YOU APPLYING FOR LEGAL EXPENSE COVERAGE

Have you been charged with a criminal offense in the past 5 years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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PLEASE FILL IN THE FOLLOWING SECTION ONLY IF YOU ARE REGISTERING FOR TITLE INSURANCE *

Date of Property Purchase: [] (MM/DD/YYYY)

NOTE: Coverage applies *only* to property purchased *on or before* July 3rd, 2007.

Please state the name of the homeowner(s):

[]
[]

Address of insured property:

[]

Street Apt/Unit City Province Postal Code

Property Information: (specify **ONE** of the following)

Is this residence a: Single family home Condominium Multi-unit (e.g., duplex) → [] No. of units

Purchase price or tax assessed value of the property. If these are not available, please state the approximate value of the property: []

Close or move date. If exact date is not known an estimated date is acceptable: [] (MM/DD/YYYY)

Does your property have a well: Yes No

Is your property on a waterfront: Yes No

Does your property have a septic system: Yes No

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MAILING INSTRUCTIONS

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L6J 7Y5

We are committed to protecting your privacy and personal information. The personal information you provide is kept confidential and is used to underwrite, assess and control risks, and issue and administer policies. For our complete corporate Privacy Policy, please contact our Privacy Officer at 416-597-0008 or PrivacyOfficer@hkmb.com.