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Application for Membership and Accident Coverage – Ages 18 through 70

The Order of United Commercial Travelers of America • A Fraternal Benefit Society
 Home Office: 1801 Watermark Drive, Suite 100, Columbus, OH 43215-8619

A. APPLICATION INFORMATION

Name of council Applicant will belong to:

Council No.:	Council City:	Prov.:		
Full name of Applicant (First, Middle, Last): <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs.				
Street Address:				
City:	Prov.:	Postal Code:		
Area Code and Phone No.:	Date of Birth:	Social Insurance No.:		
Member No. (If currently a member):	Age:	Height:	Weight:	<input type="checkbox"/> Male <input type="checkbox"/> Female

B. INSURANCE INFORMATION

Name of Employer (if employed):

Business Address:

City: Prov.: Postal Code:

Kind of business: Wholesale Manufacturing
 Retail Other:

Occupation Title or Position:

State fully your occupational duties:

Beneficiary (First, Middle, Last):

Relationship:

Have you ever been declined or had insurance cancelled with any company? Yes No If "Yes," give date, company name and reason:

Have you previously made application for insurance coverage to this Order? Yes No If "Yes," when and where?

For purposes of the Insurance Companies Act (Canada), this document was issued in the course of The Order of United Commercial Travelers of America's insurance business in Canada.

B. INSURANCE INFORMATION – CONTINUED

Does the insurance for which application is being made replace any other insurance in force? Yes No If "Yes," to what extent?

C. PREMIUM INFORMATION – Accidental Death Benefit

Annual Premium.....\$ 17.00

Min. \$18 Member Dues.....\$ _____

Total annual payment for membership and accidental insurance benefits\$ _____

For purposes of the Insurance Companies Act (Canada), this document was issued in the course of The Order of United Commercial Travelers of America's insurance business in Canada.

D. AGREEMENT

Please enroll me for membership in The Order of United Commercial Travelers of America. I agree to accept any certificate of membership and insurance issued upon this application. I understand the Order is a Fraternal Benefit Society and as such is governed by provisions of the Constitution and Bylaws of the Order as they now exist, or as they may be amended in the future. All statements made by me in this application shall be deemed representations and not warranties. I understand the Order shall not be liable for any accidental injury or death occurring before the issuance of a contract of insurance. I agree a copy of this application shall be attached and become a part of my insurance contract.

Applicant's Signature: _____ **Date:** _____

X

THIS SECTION TO BE COMPLETED BY COUNCIL SECRETARY

Approved Disapproved **Date:** _____

THIS SECTION TO BE COMPLETED BY SPONSORING MEMBER

This is to certify that I am acquainted with the applicant and hereby recommend the applicant for membership.

Sponsor's Signature: _____

Date: _____ **Sponsor's Member No.:** _____

Print Sponsor's Name: _____

Street Address: _____

City: _____ **Prov.:** _____ **Postal Code:** _____

ACCIDENT BENEFITS

Accidental Death Benefit*	\$ 5,000.00
Confinement in Hospital	
28 days maximum..... (Per Day) \$	10.00
Loss—Both Eyes	\$ 5,000.00
Loss—Both Feet.....	\$ 5,000.00
Loss—Both Hands.....	\$ 5,000.00
Loss—One Hand and One Foot	\$ 5,000.00
Loss—One Eye and One Hand or One Foot.....	\$ 3,750.00
Loss—One Eye	\$ 1,250.00
Loss—One Foot	\$ 2,500.00
Loss—One Hand.....	\$ 2,500.00

NOTE: This contract does not cover losses caused by any of the following: (1) any act of war, declared or undeclared, or any act incident to war; (2) intentionally self-inflicted injury or suicide; (3) any infection, except an infection resulting from an open wound that was caused by accidental bodily injury and is visible to the unaided eye; and (4) mental, nervous or emotional disorders. For death resulting from participation in aviation or aeronautics — as a passenger or otherwise — 50 percent of the death benefit will be paid. This reduction does not apply in the case of death to a fare-paying passenger in a licensed aircraft operating on a regular schedule.

*Death benefits are \$5,000 payable in a lump sum within 60 days after receipt of satisfactory proof of death.