

## APPLICATION

# To Convert Basic Life Insurance and/or Family Life Insurance to Term 100 Life Insurance

For assistance in filling out this application, call: **CDSPI Advisory Services Inc.**  
1.800.561.9401 or 416.296.9401, Email: insurance@cdspi.com

Please complete all pertinent questions to avoid processing delays and return to: **CDSPI**,  
155 Lesmill Road, Toronto, Ontario M3B 2T8. Fax: 1.866.337.3389 or 416.296.8920

Accessible formats and communication supports are available upon request. Visit [cdspi.com/accessibility](http://cdspi.com/accessibility) for more information.

## INDIVIDUAL INFORMATION

### Section 1 Applicant Information

1. Name (please print):

Check one:  Dr.  Mr.  Mrs.  Miss  Ms.  Corporation

\_\_\_\_\_  
Last (or name of partnership or corporation) First Middle or Middle Initial

2. Individuals only:  Male  Female

3. Mailing Address:

Check one:  Home  Business

\_\_\_\_\_  
Street and Number Suite No.

\_\_\_\_\_  
City/Town Province Postal Code

4.

\_\_\_\_\_  
Business Telephone Home Telephone

\_\_\_\_\_  
Mobile Telephone Fax

5.

\_\_\_\_\_  
Email address (please include to expedite the application process)

6. A. Account Number, if known:

B. Billing Preference (check one):

- Same as current  
 Annually  
 Quarterly  
 Monthly\*  
 Pre-authorized Chequing\*  
 Automatic VISA/MasterCard\*

\* To pay monthly, quarterly or annually under this option, you must complete and send in a pre-authorized payment plan form. To obtain this form, visit [www.cdspi.com/pac-insurance](http://www.cdspi.com/pac-insurance).

Note: Processing charges of 3.98% and 3.73% apply to monthly and quarterly payments respectively.

7. Language Preference:  English  French

### Section 2 Person To Be Insured

Note: Please complete even if the Person To Be Insured is the same as the applicant.

1. Name (please print):

Check one:  Dr.  Mr.  Mrs.  Miss  Ms.

\_\_\_\_\_  
Last First Middle or Middle Initial

2.  Male  Female

3.  Smoker  Non-Smoker<sup>†</sup>

4. Date of Birth:     
Day Month Year

5. STATUS (check one):

A.  Dentist

- Member of Provincial/Territorial Dental Association\*  
 Member of CDA

\* Excluding the ACDQ in Quebec.

Date of Graduation:     
Day Month Year

Name of University or Dental Faculty: \_\_\_\_\_

Dental Specialty: \_\_\_\_\_

B.  Dental Student

Name of University or Dental Faculty: \_\_\_\_\_

C.  Non-Dependent Adult Child of Eligible Dental Association Member Dentist

Name of Dentist: \_\_\_\_\_

D.  Spouse of Non-Dependent Adult Child of Eligible Dental Association Member Dentist

Name of Dentist: \_\_\_\_\_

E.  Employee of Dental Association

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

F.  Spouse of Eligible Dental Association Member Dentist

Name of Dentist: \_\_\_\_\_

G.  Other (please specify): \_\_\_\_\_

6. Occupation (if not a dentist or dental student): \_\_\_\_\_

<sup>†</sup> Note: You are considered a non-smoker if you have not used any form of tobacco or tobacco cessation products in the 12 months prior to signing this application.

# COVERAGE APPLIED FOR

## Section 3 Coverage Being Converted

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You may convert up to the amount of Basic Life or Family Life coverage you have in force, but not beyond the plan maximum shown in Question 3.

1. Are you now disabled and on claim or satisfying an elimination period?  Yes  No

**If "Yes", you are not eligible to convert your coverage at this time. Please contact CDSPI Advisory Services Inc. for more information.**

2. Insurance coverage to be converted to Term 100 Life Insurance (check one):

- Basic Life Insurance  
 Spouse Family Life Insurance  
 Adult Child Family Life Insurance  
 Spouse of Adult Child Family Life Insurance

3. Amount of coverage to be converted to Term 100 Life Insurance (Minimum: \$50,000; Plan Maximum: \$1 million, including existing coverage)

Coverage Amount: \$ \_\_\_\_\_

**AND**

Policy Number(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OR**

(check if desired)  All Policies

4. Waiver of Premium Option

If your coverage to be converted includes the Waiver of Premium Option, do you wish to continue that option on your Term 100 coverage?  Yes  No

## Section 4 Beneficiaries

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The beneficiary for your converted coverage will be the beneficiary on your existing coverage (and your contingent beneficiary). To change the beneficiary or contingent beneficiary, please contact CDSPI Advisory Services Inc. to obtain a Beneficiary Designation form. Your right to alter the interest of any beneficiary or contingent beneficiary is subject to any applicable law.



