



Royal VIP Health Options™



Membership Number _____
(FOR OFFICE USE ONLY)

Effective Date of Plan _____
(DD/MM/YY)

Membership application

Individual
\$39 per month + GST

Couple
\$59 per month + GST

Family
\$69 per month + GST

Royal VIP Health Options™ rates are subject to change. These rates are for medical concierge service only, and do not include coverage for or cost of medical treatment, medications, travel or accommodations. Ask us how our VIP Critical Illness™ program can provide financial coverage tailored to meet your specific needs.

Name (Last/First) _____ Date of Birth (dd/mm/yy) _____

Business _____

Business Address (Number/Street) _____

City _____ Province _____ Postal Code _____

Phone Number _____ E-mail _____

Home Address (Number/Street) _____

City _____ Province _____ Postal Code _____

Phone Number _____ E-mail _____

Preferred Language English French Other _____

Citizenship _____ Passport under what country? _____

Do you have a family history of medical conditions? Yes No

If yes, please specify _____

Spouse (Couple and Family Plans)

Name (Last/First) _____ Date of Birth (dd/mm/yy) _____

Citizenship _____ Passport under what country? _____

Does spouse have a family history of medical conditions? Yes No

If yes, please specify _____

Dependent 1 (Family Plan)

Name (Last/First) _____

Date of Birth (dd/mm/yy) _____

Citizenship _____

Passport under what country? _____

Dependent 2 (Family Plan)

Name (Last/First) _____

Date of Birth (dd/mm/yy) _____

Citizenship _____

Passport under what country? _____

Dependent 3 (Family Plan)

Name (Last/First) _____

Date of Birth (dd/mm/yy) _____

Citizenship _____

Passport under what country? _____

Dependent 4 (Family Plan)

Name (Last/First) _____

Date of Birth (dd/mm/yy) _____

Citizenship _____

Passport under what country? _____

Dependent 5 (Family Plan)

Name (Last/First) _____

Date of Birth (dd/mm/yy) _____

Citizenship _____

Passport under what country? _____

Please provide me with a quote
for VIP Critical Illness™ coverage

Please call me to arrange a
discounted Executive Medical



Membership Term

By signing this form I agree to remain in the program for a minimum term of 12 months, after which I may cancel with 30 days, written notice.

Payment

Pre-authorized monthly payments are made to Royal Benefits Inc.

To have your monthly payments automatically deducted from your bank account, complete this form, initial, sign and date below. Include a cheque marked "VOID" along with your first month's payment. Cheque must be made payable to Royal Benefits Inc.

On the same day each month Royal Benefits Inc. will debit your account. If the withdrawal date falls on a weekend or a statutory holiday, your account will be debited on the next business day.

In the event that you fail to make any payment due under the Royal VIP Health Options™ program, and such payment is not made, in full, within 30 calendar days after you receive notice of such failure, Royal Benefits Inc. will be entitled to cancel and terminate any and all coverage(s) under the program immediately, without further notice.

Initial _____

The Royal VIP Health Options™ program is provided directly and administered solely by Royal Benefits Inc. and in that regard, Brady Financial Group is not responsible or liable in any manner for the actions or omissions of Royal Benefits Inc., its employees or agents.

By signing and returning this application, you agree to hold Brady Financial Group harmless from all claims, demands, damages, actions or causes of actions that may arise from the program currently known as Royal VIP Health Options™ program, and from all claims or demands whatsoever which you, your heirs, estate trustees or assigns can, shall or may have against Brady Financial Group by reason of such plan, now or in the future.

You will provide Royal Benefits Inc. and Brady Financial Group with personal information that is requested, from time to time, concerning your health, financial affairs and other matters in connection with the Royal VIP Health Options™ program (including the information set out in this application).

By signing and returning this application, you agree and consent to Royal Benefits Inc. and Brady Financial Group collecting, using, sharing and disclosing such personal information for the purposes of the Royal VIP Health Options™ program, and for no other purpose without your prior written consent.

Signature _____ Date _____