

MCGILL PRIVATE HEALTH SAVINGS PLAN APPLICATION

BUSINESS	
NAME OF BUSINESS APPLICANT	
<input type="checkbox"/> SELF-EMPLOYED <input type="checkbox"/> PROFESSIONAL PRACTICE <input type="checkbox"/> CORPORATION	
NATURE OF BUSINESS	NUMBER OF EMPLOYEES (<i>NOT</i> including BUSINESS OWNER)

INDIVIDUAL TO BE COVERED		
<input type="checkbox"/> SAME AS ABOVE	NAME (if different from BUSINESS APPLICANT)	
DATE OF BIRTH dd / mm / yyyy	SEX <input type="checkbox"/> M <input type="checkbox"/> F	MARITAL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOW(ER)
NAME OF SPOUSE	NO. OF ADDITIONAL DEPENDENTS	

CONTACT INFORMATION					
BUSINESS			PERSONAL		
ADDRESS			ADDRESS		
City	Prov	Postal Code	City	Prov	Postal Code
PHONE	FAX		PHONE	FAX	
E-MAIL			E-MAIL		
PREFERRED COMMUNICATION: <input type="checkbox"/> MAIL <input type="checkbox"/> FAX <input type="checkbox"/> E-MAIL <input type="checkbox"/> PHONE					

PLAN SETUP		
Please return, with \$125 setup fee to: McGill Financial Services, 204-1 Heath St. W., Toronto, Ontario, M4V 1T2	OR: Fax this form with credit card details to: FAX No: 416.850.3060	
PAYMENT BY:		
<input type="checkbox"/> CHEQUE <input type="checkbox"/> MONEY ORDER payable to MCGILL FINANCIAL SERVICES	<input type="checkbox"/> CREDIT CARD	
<input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD	ACCT. NO.	EXPIRY DATE mm / yyyy
SIGNATURE		
NAME OF CARDHOLDER (Please Print)		TODAY'S DATE dd / mm / yyyy
AGENT ID (Corp. Use Only)		

