

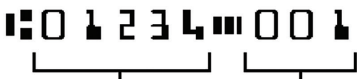
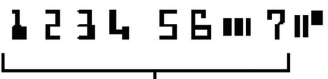


# Physician Health Benefit Program (PHBP)/ OMA Priority Insurance Program (OPIP) Pre-Authorized Debit form



Policyholder information		
First name	Last name	OMA reference # (if known)

Payor information			
Complete this section if someone other than you, including a corporation, is paying for your policy. Please include all joint account holder information, if applicable.			
Payor(s) name (first and last) or full legal name of corporation/entity			
If applicable: date of birth (dd-mm-yyyy)	Relationship		
Address			City
Province	Country	Postal code	

Payment information		
<b>Acknowledgement of OPIP contributions and premiums</b>		
I understand that the OPIP annual contribution and/or premium is due on January 1st of each year and any monthly premium is due on the 1st day of each month.		
<b>Contributions for the additional self-funded options</b>		
Monthly, 1st day of the month.		
		
<b>Transit #</b>		<b>Institution #</b>
<input type="text"/>	<input type="text"/>	
		
<b>Account #</b>		
<input type="text"/>		

Continue to page 2, read the authorization and sign where indicated. Please mail us the completed form or fax it to 1-800-367-0813.



## Authorization

You authorize Sun Life Assurance Company of Canada (Sun Life) to collect the OPIP contributions and premiums under this benefits program through a Pre-Authorized Debit (PAD) from the account referenced in this form. You acknowledge that your financial institution may treat any withdrawal pursuant to this authorization as a withdrawal for personal services. You acknowledge that the amount of the contributions and premiums collected through this agreement may vary, reflecting any changes, additions or deletions in plan coverage. **You agree to waive the requirement that Sun Life notify you of any payments after the first payment whether the amount of the contributions or premiums is changed or not.** Depending on the product selected by you, premiums are withdrawn on an annual and/or monthly basis. You understand that the annual contribution and/or premium is due on January 1st of each year and any monthly premium is due on the 1st day of each month.

If you selected additional self-funded options, you authorize Sun Life Assurance Company of Canada (Sun Life) to collect the annual or monthly premium (including applicable provincial tax), depending on your selection above, for this insurance through a Pre-Authorized Debit (PAD) from the account referenced in this form. You acknowledge that your financial institution may treat any withdrawal pursuant to this authorization as a withdrawal for personal services. You acknowledge that the amount of the premium (including applicable provincial tax) collected through this agreement may vary, reflecting any changes, additions or deletions in plan coverage as well as premium rate changes. **You agree to waive the requirement that Sun Life notify you of any payments after the first payment whether the amount of the monthly or annual premium is changed or not.** You understand that if you selected to pay your premium annually, payment will be due on January 1 each year. If you selected to pay your premium monthly, it will be due on the 1st day of each month.

This agreement will be cancelled automatically if Sun Life is unable to make a withdrawal from your account.

This authorization is to remain in effect until the Sun Life Assurance Company of Canada (Sun Life) has received written notification from you of its change or termination. This notification must be received at least ten (10) business days before the next debit is scheduled at the address provided below. You may obtain a sample PAD cancellation form, or more information on your right to cancel a PAD Agreement at your financial institution or by visiting [www.payments.ca](http://www.payments.ca).

The Sun Life Assurance Company of Canada (Sun Life) may not assign this authorization to another company or person to permit them to debit your account for these payments (for example where there has been a change in control of the company) without providing at least 10 days prior written notice to you.

You have certain recourse rights if any debit does not comply with this agreement. For example, you have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD Agreement. To obtain more information on your recourse rights, contact your financial institution or visit [www.payments.ca](http://www.payments.ca).

OMA Insurance

P.O. Box 365 Stn Waterloo  
Waterloo, ON N2J 4A4

Telephone # 1-800-758-1641

Fax # 1-800-367-0813

Email: [Can\\_AssocAndAffinity@sunlife.com](mailto:Can_AssocAndAffinity@sunlife.com)

### Account holder(s)

Print account holder first and last name	Signature of account holder (if business, authorized person to sign and indicate title) <b>X</b>	Date signed (dd-mm-yyyy) - -
Payor(s) name (if different than policyholder)	Payor(s) signature <b>X</b>	Date signed (dd-mm-yyyy) - -
Joint account holder(s) name	Signature of joint account holder (if both signatures required) <b>X</b>	Date signed (dd-mm-yyyy) - -

Sun Life Assurance Company of Canada is the insurer and is a member of the Sun Life Financial Group of Companies.