



# Physician Health Benefit Program (PHBP)/ OMA Priority Insurance Program (OPIP) 2019 Pre-Authorized Debit Agreement form



## Policyholder information

Your first name	Last name	OMA reference #
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## 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 currently being used for this purpose. 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amount of the contributions or premiums have changed or not.** Depending on the product selected by you, premiums are withdrawn on an annual and/or monthly basis.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 1 of each year and any monthly premium is due on the 1<sup>st</sup> day of each month.

If you also have additional self-funded options, you continue to authorize Sun Life Assurance Company of Canada (Sun Life) to collect the annual or monthly premium (including applicable provincial tax), as chosen by you, for this insurance through a Pre-Authorized Debit (PAD) from the account currently being used for this purpose. 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 either the 1<sup>st</sup> or the 22<sup>nd</sup> day of each month, depending on your selection.

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



## Authorization (continued)

This authorization replaces your previous authorization, and 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 Telephone # 1-800-758-1641

Waterloo, ON N2J 4A4 Fax # 1-800-367-0813

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

### Account holder(s)

Your first and last name	Your signature X	Date signed (dd-mm-yyyy)
Payor(s) name (if different than policyholder)	Payor(s) signature X	Date signed (dd-mm-yyyy)
Joint account holder(s) name	Signature of joint account holder (if both signatures required) X	Date signed (dd-mm-yyyy)