

Premium-Free Life Insurance Application Form



You may apply under the following conditions. If you are a CPA member 30-40 years of age and not currently insured with CPAIPW.

To accept \$100,000 of premium-free life insurance coverage for one year, please complete all sections and mail the completed signed form to the address below:

Section 1. Applicant Information

First Name _____ Last Name _____ CPA # _____

CPA Member Province: BC AB SK MB YK NT NU

Address _____

City/Province _____ Postal Code _____

Phone Number _____ Alternate Phone Number _____

DOB (M/D/Y) _____ E-mail _____

Gender M F Smoking Status Smoker Non-Smoker

Section 2. Medical Information

Height (inches) _____ Weight (lbs) _____

Are you currently being treated by a physician or another health care professional or taking any medications?

Yes No

Are you intending to consult a physician or another health care professional, or undergo surgery within the next 6-12 months?

Yes No

Have you ever been declined for any insurance?

Yes No

(Should you answer yes to any of the above questions, a representative from our team will contact you to discuss your options)

Name of Beneficiary. If a beneficiary has not been named, the benefit is paid to your estate. If your beneficiary is a minor, you must appoint a trustee.

Name _____ Relationship _____ % of Proceeds _____

Name _____ Relationship _____ % of Proceeds _____

Name _____ Relationship _____ % of Proceeds _____

Trustee Information

Name _____ Relationship to Insured _____

Email _____ Phone Number _____

Section 3. Signatures

Applicant Signature _____ Date _____

Witness Signature _____ Date _____

Please mail the original form to: 9918A 102 St, Fort Saskatchewan, Alberta, T8L 2C3.

For a pdf version of this form, please visit www.cpaipw.ca. Forms must be completed, printed and mailed to the address above.

Insurance coverage is not in effect until the original signed application is received at our office. Offer expires March 31, 2020.