ALBERTA MEDICAL ASSOCIATION | ADIUM Insurance Services Inc.

REGISTRATION FORM FOR PARA GROUP DISABILITY AND LIFE INSURANCE PLANS

Please print.

Complete this form and return to:

ADIUM Insurance Sevices Inc.
CMA Alberta House
12230 106 Avenue NW
Edmonton AB T5N 3Z1
Fax 780.488.7558
Toll Free Fax 1.877.302.3486

Any questions, contact ADIUM:

T 780.482.0692
TF 1.800.272.9680 ext. 692

1. Name of Member: _____
Last Name *First Name* *Middle Initial*

2. Date of Birth: Day_____ Month_____ Year_____ ☐ Female ☐ Male

3. Residence Address: _____

City:_____ Province:_____ Postal Code: _____

4. Telephone: (____)_____ E-mail: _____

5. Current PGY: _____ Program: _____

6. Date Commenced Residency Training: D____ M____ Y____ Expected Completion Date: D ____ M____ Y____

7. PARA Life Insurance: $150,000 Coverage PARA Accidental Death & Dismemberment Insurance: $150,000 coverage

Full Name of Beneficiary _____

Relationship to Member _____

8. PARA Disability Insurance: The monthly disability insurance benefit is 75% of gross monthly salary.

Declaration and Authorization

I declare that my answers on the Enrollment Form are true and complete and I understand that concealment, misrepresentation or false declaration concerning this form will cause this insurance to be void. As a member of the Professional Association of Resident Physicians of Alberta., I understand and agree that this form is void unless I am actively at work in Canada (for at least 25 hours per week) on the date of signing this form.

Sun Life Assurance Company of Canada can use and exchange with the AMA plan administrator (ADIUM Insurance Services Inc.), information needed for underwriting, administration and adjudicating claims associated with this insurance coverage. A photocopy of this authorization is as valid as the original.

Privacy

The Alberta Medical Association (AMA), in its role as administrator of the PARA Group Disability and Life Insurance plans, adheres to all applicable provincial and federal privacy legislations regarding the collection, use, disclosure, retention and safeguarding of personal information. Compliance with these principles is reviewed regularly and revised as needed. For more information on the AMA's privacy commitment, please refer to our website, https://www.albertadoctors.org/leaders-partners/governance/privacy/commitment.

Signed at: City _____ Province _____ Date: Day ____ Month____ Year ____

Signature of Member: _____

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PROFESSIONAL ASSOCIATION OF RESIDENT PHYSICIANS OF ALBERTA

Sun Life Financial

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