



**INDUSTRIAL ALLIANCE PACIFIC
PRESENTS TO THE
ALUMNI MEMBERS OF THE CFL/LCF**

DSAI

FOR MEMBERS ONLY – Last team played for: _____

Spousal coverage may be applied for at the same rate!

CFLAA / LCFAA - MEMBERSHIP ASSOCIATION PLAN									
ENROLMENT CARD FOR PACIFIC FIRST									
NAME LAST FIRST INITIAL				MALE <input type="checkbox"/>		SINGLE <input type="checkbox"/>		DSAI – CFLAA/LCFAA NO.	
				FEMALE <input type="checkbox"/>		FAMILY <input type="checkbox"/>			
ADDRESS				DATE OF BIRTH			EFFECTIVE DATE		
				DAY MONTH YEAR					
CITY		PROV.		POSTAL CODE		SOCIAL INSURANCE NUMBER		TELEPHONE NUMBER	
				OPTIONAL					
				- - -					
YOUR TEAM ALUMNI		COVERAGE SELECTED			BUSINESS TELEPHONE NUMBER			E-MAIL ADDRESS	
		SINGLE COVERAGE <input type="checkbox"/>							
		SPOUSAL COVERAGE <input type="checkbox"/>							
List Dependents Below (Spouse First)					Please send me additional information about:				
No.		Date of Birth				MAI Medical Access Insurance <input type="checkbox"/>			
		SEX	Day	Month	Year				
01						ePlus Medical Access Insurance <input type="checkbox"/>			
02						Please do not send me other information at this time <input type="checkbox"/>			
03						I HEREBY APPLY FOR THE ALUMNI ASSOCIATION GROUP PLAN FOR THE DIAGNOSTIC AND SPECIALIST ACCESS INSURANCE (DSAI). I HAVE ENCLOSED A BANK AUTHORIZATION WITH THIS APPLICATION FORM.			
04									
05									
06						ALUMNI MEMBER'S SIGNATURE:			
						DATE OF APPLICATION:			

For assistance, please Contact: T. 1-800-345-5515 // T. 604-293-1974 // F. 604-293-0344 [info@pacific-first.com]