



PRE-AUTHORIZED DEBIT FOR GROUP INSURANCE (PAD)

Please return this completed, signed form with a blank cheque marked 'VOID' to The Equitable Life Insurance Company of Canada (the "Payee") at the address noted below. The Payee and the Payor's (as defined below) financial institutions are directed and authorized to process withdrawals from the Payor's account on a monthly basis and the deposit/binder payments, if authorized below, subject to the conditions below, for the purpose of collecting payments as follows:

1. General Information (please print clearly)	Group Policy Number(s) _____ Division number: <input type="checkbox"/> All <input type="checkbox"/> Specify _____ Group Plan Sponsor ("Payor") _____ Name of Payor(s) if different from Group Plan Sponsor ("Payor") _____ <input type="checkbox"/> Establish new OR <input type="checkbox"/> Change existing PAD Note: 'Line of credit' accounts or credit cards are not acceptable payment options.								
2. Withdrawal Information (please insert dates)	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none; vertical-align: top;"> Withdrawal Arrangements The amount is considered 'Variable'. Monthly payment will begin withdrawing on the billing date of _____ MM DD YYYY </td> <td style="width: 50%; border: none; vertical-align: top;"> Timing of Withdrawal(s) (select all that apply) Preferred Premium Withdrawal Date on _____ (1st, 10th, 15th) of each month. Note: Budgeted Administrative Services Only (ASO) cases must select the 10th of the month as the withdrawal date. Separate Withdrawal 26th of each month for (select all that apply): <input type="checkbox"/> ASO Budgeted Deficit or ASO Billed in Arrears <input type="checkbox"/> Taxable Spending Account (TSA) Payments <input type="checkbox"/> Health Care Spending Account (HCSA) Third Party Administration (TPA) Groups (when clients pay direct to Equitable Life for HCSA only) <input type="checkbox"/> The Payor authorizes the Payee to withdraw the deposit/binder payment upon receipt of this authorization. </td> </tr> </table>	Withdrawal Arrangements The amount is considered 'Variable'. Monthly payment will begin withdrawing on the billing date of _____ MM DD YYYY	Timing of Withdrawal(s) (select all that apply) Preferred Premium Withdrawal Date on _____ (1 st , 10 th , 15 th) of each month. Note: Budgeted Administrative Services Only (ASO) cases must select the 10 th of the month as the withdrawal date. Separate Withdrawal 26 th of each month for (select all that apply): <input type="checkbox"/> ASO Budgeted Deficit or ASO Billed in Arrears <input type="checkbox"/> Taxable Spending Account (TSA) Payments <input type="checkbox"/> Health Care Spending Account (HCSA) Third Party Administration (TPA) Groups (when clients pay direct to Equitable Life for HCSA only) <input type="checkbox"/> The Payor authorizes the Payee to withdraw the deposit/binder payment upon receipt of this authorization.						
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3. Type of Service	For the purposes of this agreement, automatic monthly withdrawals and the deposit/binder payment if authorized above, from this bank account will be treated as personal withdrawals of insurance premiums, as defined by Payments Canada in Rule H1 at www.payments.ca .								
4. Waivers	The Payor waives the right to receive pre-notification of the variable amount of the first and subsequent withdrawals. The Payee will provide written notice to the Group Plan Sponsor of the amount to be debited (in the form of a statement), prior to the due date of each PAD withdrawal.								
5. Cancellation Contact your financial institution about your rights regarding cancellation. A sample cancellation form is available at www.payments.ca .	The Payor has the right to cancel this PAD at any time. This PAD shall remain in effect until the Payor notifies the Payee of cancellation. NOTE: To ensure cancellation of the next withdrawal, written notice must be received at the Payee's Head Office 10 business days prior to the next withdrawal. Any cancellation of this PAD will not affect the policy contract(s) between the Group Plan Sponsor and the Payee, so long as payment is provided by an alternate method within the period specified in the policy contract(s).								
6. Payee Contact Information	The Equitable Life Insurance Company of Canada One Westmount Road North P.O. Box 1603 Stn. Waterloo, Waterloo, ON N2J 4C7 Toll Free 1-800-265-4556 ext 640 Fax 519-883-7403 Email: groupcollection@equitable.ca								
7. Recourse & Reimbursement To obtain more information on recourse rights, please contact your financial institution or visit www.payments.ca .	The Payor has certain recourse rights if any withdrawal does not comply with this PAD. The Payor has the right to receive reimbursement for any withdrawal that is not authorized or is not consistent with this PAD.								
8. Date & Signature Note: Sections 1, 2 and 8 must be completed in full.	All signatures for withdrawals from this bank account are present on this form, and all terms and conditions in this form are understood and agreed upon. Signature(s) of Payor's Authorized Signing Officers: <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Name (Please Print) _____</td> <td style="width: 50%;">_____</td> </tr> <tr> <td>Signature _____</td> <td>_____</td> </tr> <tr> <td>Title(s) _____</td> <td>_____</td> </tr> <tr> <td colspan="2" style="text-align: right;">Date: _____</td> </tr> </table>	Name (Please Print) _____	_____	Signature _____	_____	Title(s) _____	_____	Date: _____	
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