



YES, I would like to enroll in the AMEX® Hospital & Recovery Cash Plan

(Mr., Mrs., Ms.) First Name Middle Initial Last Name (Please print full legal name)

Home Address City

Province Postal Code Home Number Business Number Extension

DD MM YYYY Date of Birth (MUST BE COMPLETED) E-mail address (optional)

I understand that coverage begins on the first day of the month after my enrollment is received by ACE INA Life Insurance ("ACE Life"). The information requested by ACE Life in respect of my enrollment is required for insurance purposes including processing the enrollment, premium administration, administering the insurance and investigating coverage and claims. ACE Life will also consult its existing files for these insurance purposes.

A message from ACE Life about your Personal Information: From time to time ACE Life may wish to use your personal information for the purposes of offering you upgraded coverage or additional products and services on behalf of American Express. If you do not wish ACE Life to use your personal information for these purposes you may: Call ACE Life at 1-877-534-3655 or if enrolling tick here ; and ACE Life will not use or disclose your information for these marketing purposes.

Payment Authorization

I authorize deduction of my premium from my American Express Card account.

American Express Card Number

Card Expiry Date

Signature

Date

CHOOSE SINGLE OR FAMILY COVERAGE:

Single Family

Spouse's name: (if purchasing family coverage) Your spouse's date of birth: DD MM YYYY

CHOOSE YOUR LEVEL OF COVERAGE:

Table with 5 columns: Coverage Level, Accident Only Monthly Premium (Up to 45 years, 45 to 64 years), and Accident and Sickness Monthly Premium (Up to 45 years, 45 to 64 years). Rows include Single and Family options with premium amounts.

To enroll call 1-877-777-1544 today or, simply complete and return this enrollment form. You can also fax it to (416)594-2835.



ACE INA Life Insurance, AMEX Hospital & Recovery Cash Plan
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Toronto, ON M7Y 9C1

