

## APPLICATION - INDIVIDUAL MEMBERSHIP

Complete the application form below; print, sign and send by mail or courier to:

**Best Doctors Canada** 145 King Street West, Suite 700  
Toronto, Ontario M5H 1J8

### APPLICANT INFORMATION

Applicant's Full Name \_\_\_\_\_  
 Date of Birth (mm/dd/yyyy) \_\_\_\_\_ Male  Female  Language Preference: English  French   
 Spouse's Full Name \_\_\_\_\_  
 Date of Birth (mm/dd/yyyy) \_\_\_\_\_ Male  Female  Language Preference: English  French   
 Home Address \_\_\_\_\_ City \_\_\_\_\_  
 Province \_\_\_\_\_ Postal Code \_\_\_\_\_ Telephone \_\_\_\_\_ Email \_\_\_\_\_

### MEMBERSHIP INFORMATION

Please Select Type of Membership:

- Individual \$150.00/yr. + GST/HST\* OR \$12.50/mo. + GST/HST\* (Eligibility: From 18 to 65 years of age.)  
 Family \$225.00/yr. + GST/HST\* OR \$18.75/mo. + GST/HST\* (Family includes the member, their spouse and all unmarried children to age 18, or to age 25 if they are full-time students.)

### PAYMENT INFORMATION

Please Select Method of Payment:

- Monthly Pre-authorized Payment (Please attach a VOID cheque.)  
 Annual Pre-authorized Payment (Please attach a VOID cheque.)  
 Annual Payment by Cheque (Please enclose cheque made payable to Best Doctors Canada, Inc.)

**Pre-Authorized Payment Authorization:** I authorize and direct Best Doctors to debit the account at the Financial Institution which is identified on the attached void cheque for the purpose of paying membership fees. I further authorize such Financial Institution and any of its branches to deal with these debits as if authorized by me. I will notify Best Doctors in writing of any changes in the account information or termination of this authorization prior to the next withdrawal date of the pre-authorized debit. I also understand that should any withdrawal not clear my account for reason of insufficient funds, Best Doctors will automatically attempt to withdraw these funds within 5 days of the returned item without prior notification. I acknowledge that delivery of this authorization to Best Doctors constitutes delivery by me to the noted Financial Institution. This agreement may be cancelled, in writing, by either Best Doctors or me.

Signature of Applicant \_\_\_\_\_ Date (mm/dd/yyyy) \_\_\_\_\_

### AUTHORIZED SIGNATURE

**THIS SECTION MUST BE SIGNED AND DATED** *Please read carefully*

**Membership Terms<sup>†</sup>:** Unlimited usage of InterConsultation<sup>™</sup>, FindBestDoc<sup>™</sup>, FindBestCare<sup>®</sup> and Best Doctors 360<sup>°</sup> <sup>™</sup> for any medical condition. Upon initial consult with a Best Doctors Member Advocate, the most appropriate service for the member will be determined.

**Pre-existing Conditions:** If the Member was diagnosed or has received treatment relating to a medical condition during the twenty-four (24) months prior to the effective date of the new Best Doctors membership, services will not be available for the same medical condition(s) for twelve (12) months following the effective date of the new membership.

Signature of Applicant \_\_\_\_\_ Date (mm/dd/yyyy) \_\_\_\_\_  
 Agent Name \_\_\_\_\_ Best Doctors Agent Code \_\_\_\_\_  
 Agent Company \_\_\_\_\_ Agent Telephone \_\_\_\_\_

**Privacy Statement:** Protecting the member's personal information at Best Doctors is very important. We recognize and respect the individual's privacy. When a person (or company) applies for membership, we establish a confidential file that contains their personal information. This file is kept in the offices of Best Doctors Canada, Inc. The member may exercise certain rights of access and rectification with respect to the information in their file by sending a request in writing to Best Doctors Canada, Inc. We limit access to personal information in the member's file to Best Doctors staff that requires it to perform their duties, to persons to whom has granted access, and to persons authorized by law. We collect, use and disclose the personal information to process this application and, if this application is approved, provide and administer the services applied for and create and maintain records concerning our relationship.

\*GST or HST as applicable to your province.

<sup>†</sup>Should a member need an appointment or treatment in another province or outside Canada, all expenses associated with medical treatment, travel and lodging are the responsibility of the member. Best Doctors, The Reinvention of Right, InterConsultation, FindBestDoc, FindBestCare, Best Doctors 360<sup>°</sup> and the Star-In-Cross logo are trademarks or registered trademarks of Best Doctors, Inc.