	NADIAN DIABETES A		POLIC	POLICY NUMBER 9216450				
(1)	'EL HEALTH INSURANCE BASIC	PLAN POLICY APPLICATION		TYPE 1 TYPE 2 NON-DIABETIC		REFER TO BROCH	IURE FOR RATES	
(2)	Family Name (Print)	First Name	Health Card #	TYPE 1 TYPE 2 NON-DIABETIC	STATUS	Birth Date M/D/Y	Premium	
(3)	Family Name (Print)	First Name	Health Card #			Birth Date M/D/Y	Premium	
	Family Name (Print)	First Name	Health Card #	TYPE 1 TYPE 2 NON-DIABETIC		Birth Date M/D/Y	Premium	
(4) _	Family Name (Print)	First Name	Health Card #		STATUS	Birth Date M/D/Y	Premium	
	Telephone #	Address	City	Province		Postal Code	Sub Total	
	Name (Credit Card Holder) First Name		Credit Card #	Expiry Date	I WISH TO PAY BY:		Tax (9% Que., 8% Ont.)	
	Signature	Date	CDA Member		payable to Queensbury Insurance Brokers Inc.		TOTAL	
QUE	e return the first two copies of this fo ENSBURY GROUP, 86 WILSON eep the third copy for your record.	rm to I STREET, SUITE "B", OAKVILL	E, ONTARIO L6K 3G5		liisuldi	ILC DI UNCI S IIIC.		

						Audendum		
Name of Insured						Date:		
						REFER TO BROCH	URE FOR RATES	
Address	City	Prov.		Postal Code				
Basic Plan Effective from	to Travelling Dates: from		tc	)	Total number of days out of Province:			
(1)		, , , , , , , , , , , , , , , , , , ,		TYPE 1 TYPE 2 NON-DIAB				
Family Name (Print)	F	irst Name		TYPE 1	STATUS	Birth Date M/D/Y	Premium	
(2)				TYPE 2 NON-DIAB				
Family Name (Print)	F	irst Name			STATUS	Birth Date M/D/Y	Premium	
(3)				TYPE 1 TYPE 2				
Family Name (Print)	F	irst Name		NON-DIAB	STATUS	Birth Date M/D/Y	Premium	
				TYPE 1 TYPE 2				
(4) Family Name (Print)	F	irst Name		NON-DIAB	STATUS	Birth Date M/D/Y	Premium	
					I WISH T	O PAY BY:		
Name (Credit Card Holder)	First Name	(	Credit Card #	Expiry Date			Tax (9% Que., 8% Ont.)	
						ke cheque payable to <b>y Insurance Brokers Inc.</b>		
Signature	Signature		Date			y mourance brokers me.	TOTAL	
Please return the first two copies of this	form to <b>QUEENSBUR</b>	/ GROUP, 86 WILSO	ON STREET, SI	UITE "B", OAKV	ILLE, ONT	ARIO L6K 3G5		

POLICY NUMBER

9216450

Addondum

and keep the third copy for your record.