



APPLICATION FOR INSURANCE – RMTA
Policy #1SN05

As a member of RMTA, you are invited to participate in our group accident insurance program. Coverage applies for accidents (but not sickness) no matter when they occur

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_ Prov.: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Phone #: (\_\_\_\_\_) \_\_\_\_\_

E-MAIL : \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Smoker? \_\_\_\_ Sex: M / F

Are you employed a minimum of 20 hours per week based on a one (1) year average calculation? YES / NO
If no, you may not qualify for all benefits. Please call or see over for details.

Do you have any other employment or income-producing activities? YES / NO If yes, please elaborate.

I hereby enroll in the above-noted program.

X \_\_\_\_\_ Date: \_\_\_\_\_

For further information, contact:

Rob Barlow, B Admin, CAIB, CIP

Dusyk & Barlow Insurance Brokers Ltd.

4615 Albert Street
Regina, SK
S4S 6B6

Phone: (306) 789-8384
(800) 305-6737

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REMEDIAL MASSAGE THERAPISTS ASSOCIATION – POLICY #1SN05 - Group Accident Insurance



**Eligibility**

For the purpose of this policy, Insured Persons covered herein are all Members under the age of seventy (70) of the Policyholder who have made application with payment of premium for coverage under this policy and whose application is on file with the Insurer.

"Member" means a practicing member in good standing who is actively and gainfully employed for at least twenty (20) hours per week based on a one (1) year average calculation for wage or profit.

**Description of Hazards**

The hazards against which insurance is provided under this policy are injury sustained by an Insured Person twenty-four hours a day, anywhere in the world.

**Premium**

**Rate per Member**

Less than six (6) months term:	\$46.00
Six (6) to twelve (12) months term:	\$92.00
Thirteen (13) to fourteen (14) months term:	\$107.00

**Exclusions**

This policy does not cover any Loss, fatal or non-fatal, caused or contributed to by:

- 1) self-inflicted injuries, suicide or attempted suicide, whether the Insured Person was sane or insane;
- 2) war whether declared or undeclared, and whether or not the Insured Person was actually participating therein;
- 3) civil commotion, riot, insurrection, armed conflict if the Insured Person was participating therein;
- 4) the Insured Person's service, whether as a combatant or non-combatant, in the armed forces of any country;
- 5) riding as a passenger or otherwise in any vehicle or device for aerial navigation, other than as provided in the section entitled "Aircraft Coverage";
- 6) medical treatment or surgery on the Insured Person, except if the medical treatment or surgery was needed because of an Accident.
- 7) to an Insured Person who is not covered under any Federal or Provincial Hospital or Medical Plan

**Schedule of Benefits**

The insurance afforded under this policy is only with respect to such indemnities listed in this Schedule and is only with respect to Insured Persons designated herein.

Principal Sum:	\$75,000
Accident Reimbursement Expense:	\$15,000
Accidental Dental Expense:	\$1,000
Weekly Accident Indemnity	
Partial Disability:	\$250
Total Disability:	\$500
Elimination Period:	7 days
Maximum Period Payable	
Partial Disability:	26 weeks
Total Disability:	52 weeks
Permanent Total Disability Indemnity:	Up to \$75,000
Repatriation Benefit:	\$15,000
Education Benefit:	\$5,000
Day-Care Benefit:	\$5,000
Rehabilitation Benefit:	\$15,000
Occupational Training Benefit:	\$15,000
Family Transportation Benefit:	\$15,000
Seat Belt Benefit:	Up to \$25,000
Home Alteration and/or Vehicle Modification Benefit:	\$15,000
Hospital Indemnity	
Daily indemnity:	\$50 /day
Maximum Benefit Duration:	30 days