



**ENROLMENT APPLICATION FOR VOLUNTARY CRITICAL ILLNESS – OPTION CI**

**Please complete and mail to:  
NLTA Group Insurance Plan, P.O Box 12049 St. John’s NL A1B 1R7  
Fax: (709) 737-1021**

**Member Information:**

Surname \_\_\_\_\_ Given Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
M D Y

Address \_\_\_\_\_ Postal Code \_\_\_\_\_

Certificate # \_\_\_\_\_ Phone: Home \_\_\_\_\_ School \_\_\_\_\_

**1. FOR MEMBERS**

I wish to be enrolled for (please indicate one choice):  
\_\_ \$10,000 \_\_ \$20,000 \_\_ \$30,000 \_\_ \$40,000 \_\_ \$50,000

**Pre-existing Conditions Limitations Clause, as outlined in the policy, will apply.**

I wish to include Dependent Child Coverage of \$5,000  Yes  No

Name \_\_\_\_\_ DOB \_\_\_\_\_ Name \_\_\_\_\_ DOB \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_ Name \_\_\_\_\_ DOB \_\_\_\_\_

I wish to apply for more than \$50,000 worth of coverage \$ \_\_\_\_\_  
Please indicate amount

**Please contact the Plan Administrator, Johnson Inc., at 1-800-563-1528 for application.**

I understand my application will have to be approved by the underwriter, Desjardins Financial Security.

Please indicate your smoking status  Smoker  Non-smoker

**(In the last 12 months, did you smoke cigarettes, cigarillos, cigar, pipe, marijuana or any other kind of tobacco or substitutes for tobacco, like nicotine patches or medication like Zyban?  
If the answer is Yes, you would be considered a Smoker.)**

Date \_\_\_\_\_ Signature of Member \_\_\_\_\_

**2. SPOUSAL INFORMATION**

Surname \_\_\_\_\_ Given Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
M D Y

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_

I wish to be enrolled for (please indicate one choice):  
\_\_ \$10,000 \_\_ \$20,000 \_\_ \$30,000 \_\_ \$40,000 \_\_ \$50,000

**Pre-existing Conditions Limitations Clause, as outlined in the policy, will apply.**

I wish to apply for more than \$50,000 worth of coverage \$ \_\_\_\_\_  
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**(In the last 12 months, did you smoke cigarettes, cigarillos, cigar, pipe, marijuana or any other kind of tobacco or substitutes for tobacco, like nicotine patches or medication like Zyban?  
If the answer is Yes, you would be considered a Smoker.)**

Date \_\_\_\_\_ Signature of Spouse: \_\_\_\_\_