



CANADIAN PROFESSIONAL GOLFERS' ASSOCIATION

CANADIAN PROFESSIONAL GOLFERS' ASSOCIATION

APPLICATION FOR MEMBERSHIP IN THE GROUP BENEFITS PLAN

NAME OF MEMBER: _____

ADDRESS: _____

DATE OF BIRTH: ____ / ____ / ____
DD MM YY

SOCIAL INSURANCE NUMBER: ____ - ____ - ____

SEX: _____ ZONE: _____
M/F

1ST JOINED CPGA ____ / ____ / ____
DD MM YY

BENEFICIARY: (FULL NAME) _____ RELATIONSHIP: _____

COVERAGE ELECTION: BASIC PLAN PLAN I PLAN II
 SINGLE MEMBER & SPOUSE OR CHILD FAMILY

PREVIOUS INSURANCE COVERAGE (IF APPLICABLE):

NAME OF INSURANCE CO.: _____

POLICY NUMBER: _____ EXPIRY DATE _____

My Participant Identification Number is my Social Insurance Number, and I authorize the use of such number for tax reporting, identification and administration of my benefits.

MEMBER'S SIGNATURE: _____ DATE: _____

ADMINISTERED BY:

SIMMLANDS INSURANCE BROKERS LTD.
480 UNIVERSITY AVE., SUITE 1100
TORONTO, ON, M5G 1V2
TEL; 416-865-1881 OR 1-800-218-9331
FAX 416-865-0834