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ELAN BENEFITS PROGRAM INSURANCE RENEWAL APPLICATION

**PLEASE
 ANSWER
 ALL
 QUESTIONS**

**BROKER
 INFORMATION**

Insured Person			Policy No.
Date of original policy application	Day	Month	Year
			Current Salary \$
Address			
Broker/Agent/Consultant			
Contact name and telephone no.			
Are the statements and particulars contained in the original Application Form, signed by you, still true on the date you signed this Renewal Application?	<input type="checkbox"/> yes	<input type="checkbox"/> no, explain in detail:	
Are you currently free of injury and/or illness, and actively employed?	<input type="checkbox"/> yes	<input type="checkbox"/> no, explain in detail:	
Have you had medical or surgical advice, or treatment for any ailment, since the application date shown above?	<input type="checkbox"/> no	<input type="checkbox"/> yes, explain in detail:	
Have your travel habits changed since the original application was signed?	<input type="checkbox"/> no	<input type="checkbox"/> yes, explain in detail:	
Do you engage in any hazardous recreational activities (such as sky-diving, operating an aircraft, glider or balloon, scuba-diving, automobile, motorcycle or boat racing etc) which are not indicated in your original application?	<input type="checkbox"/> no	<input type="checkbox"/> yes, explain in detail:	

I agree that, in respect of the Period of Insurance in question, this Renewal Application, together with the original Application Form referred to in Paragraph 1, shall be the basis of renewal coverage.

Signature of Insured Person

Date