



Sun Life Assurance Company of Canada
 Administrator for OMA Insurance
 PO Box 365, Stn Waterloo
 Waterloo ON N2J 4A4
 Fax: 416-595-9528
 E-mail: info@OMAINsurance.com
 Web: www.OMAINsurance.com

Request For Pre-Authorized Debit (PAD) Option

Please complete this form only if you wish to pay premiums by pre-authorized debit (PAD). There are no additional charges for paying on a monthly basis – the annual premium is simply divided by 12 months.

General information

Owner name (first, middle initial, last or corporate name if applicable)			
Insured's first name	Middle initial	Last name	Member # (if known)

Payment options

Annually, 1st of September Monthly, 1st day of the month

PLEASE ATTACH A BLANK CHEQUE MARKED VOID ACROSS THE FRONT, FROM A CANADIAN FINANCIAL INSTITUTION.

Should you wish to pay your premiums on the 22nd of each month (payment applies to the month following), select here

Authorization

To use Pre-Authorized Debit (PAD) you must agree to all the terms of the authorization. By signing below as payor you agree to the following terms and conditions:

Terms and conditions

You authorize the OMA Insurance/Group Plan Administrator to collect the annual or monthly premium (including applicable provincial tax), depending on your selection above, for this insurance through a Pre-Authorized Debit (PAD) from the account referenced on your enclosed blank cheque marked void. You acknowledge that your financial institution may treat any withdrawal pursuant to this authorization as a withdrawal for **personal** services. You acknowledge that the amount of the premium (including applicable provincial tax) collected through this agreement may vary, reflecting any changes, additions or deletions in plan coverage as well as premium rate changes. **You agree to waive the requirement that the OMA Insurance / Group Plan Administrator notify you of any payments after the first payment whether the amount of the monthly or annual premium is changed or not.** You understand that if you selected to pay your premium annually, payment will be due on September 1 each year. If you selected to pay your premium monthly, it will be due on either the first or the 22nd day of each month, depending on your selection. This agreement will be cancelled automatically if the OMA Insurance/Group Plan Administrator is unable to make a withdrawal from your account.

This authorization is to remain in effect until the OMA Insurance/Group Plan Administrator has received written notification from you of its change or termination. This notification must be received at least ten (10) business days before the next debit is scheduled at the address provided below. You may obtain a sample PAD cancellation form, or more information on your right to cancel a PAD Agreement at your financial institution or by visiting www.cdnpay.ca.

The OMA Insurance/Group Plan Administrator may not assign this authorization to another company or person to permit them to debit your account for these payments (for example where there has been a change in control of the company) without providing at least 10 days prior written notice to you.

You have certain recourse rights if any debit does not comply with this agreement. For example, you have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD Agreement. To obtain more information on your recourse rights, contact your financial institution or visit www.cdnpay.ca.

For further information about this authorization, please feel free to contact the OMA Insurance/Group Plan Administrator at:

OMA Insurance
 P.O. Box 365 Stn Waterloo
 Waterloo, ON N2J 4A4
 Telephone # 1-800-758-1641
 email: Can_AssocAndAffinity@sunlife.com

Account holder(s)

Signature of account holder (if business, authorized person to sign and indicate your title) X	Date signed (dd-mm-yyyy) - -
Signature of joint account holder (if both signatures required) X	Date signed (dd-mm-yyyy) - -

For SLF use:
DC-101