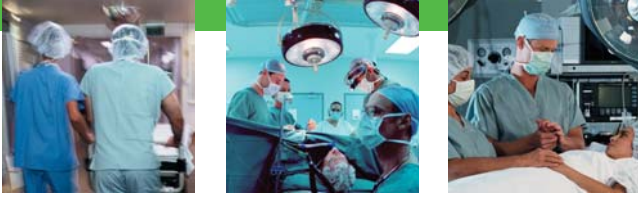


Guaranteed Acceptance



FutureSafe

CRITICAL ILLNESS INSURANCE

Helping You Cope Financially
During Treatment & Recovery



An innovative insurance program from

FutureBright

With *FutureSafe* at your side to ease the financial burden, your only concern will be regaining your health.

Your *FutureSafe* acceptance is guaranteed.

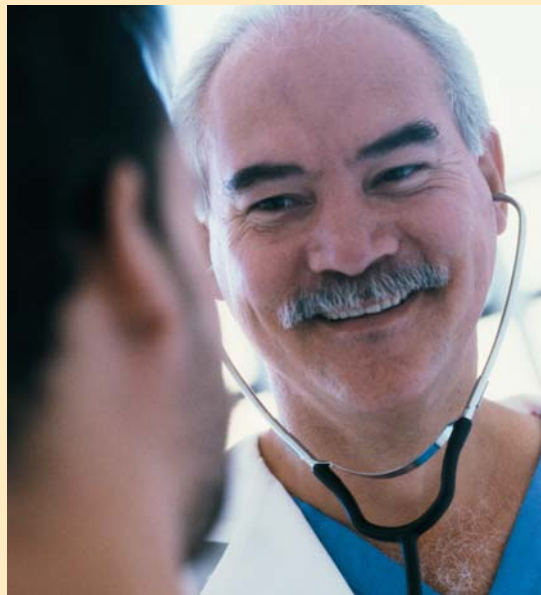
A life-threatening serious illness such as cancer, heart attack or stroke will affect over one in four Canadian families.⁽³⁾ While most will survive their illness, few ever recover from the financial burden.

Provincial health plans do not cover all the costs you incur during a serious illness. The potential loss of income or resulting expenses could have severe financial consequences.

FutureSafe Critical Illness Insurance provides a \$25,000 tax-free lump sum benefit, helping you cope financially during treatment or recovery.

While the diagnosis of a serious illness or other condition could be devastating for you and your family, *FutureSafe* will help ease your mind.

(3) Sources: Statistics Canada, 1999; Heart and Stroke Foundation, 2003; Canadian Cancer Society, 2004.



Completing Your *FutureSafe* Acceptance Form

To ensure there are no delays in obtaining your *FutureSafe* Critical Illness Insurance and *FutureSafe* Accidental Death Insurance coverage, please follow these six easy steps:

STEP 1: Personal Information – provide all required applicant information, and check box to request additional product information.

STEP 2: *FutureSafe* Critical Illness Insurance Benefits – select the \$25,000 Guaranteed Acceptance Benefit for you and your spouse. Indicate your interest for Additional Medical Evidence Based Benefits for you and your spouse, and visit the www.futuresafe.ca homepage to download the Medical Questionnaire, or call 1-877-745-6800.

STEP 3: *FutureSafe* Accidental Death Insurance Benefits – select the desired amount for Single OR Family Coverage. **Note:** Accidental Death Insurance may be purchased exclusive of Critical Illness Insurance.

STEP 4: Signatures – all applicants should sign and date the acceptance form.

STEP 5: Premium Totals – determine the monthly or annual premiums for Critical Illness Insurance and Accidental Death Insurance benefits for you and your spouse.

STEP 6: Payment Information – complete and sign the payment information portion of the acceptance form. Include a cheque or voided cheque if applicable with payment chosen.

USES OF YOUR PERSONAL INFORMATION: The information requested on this enrollment form is required by *FutureBright* Insurance Group Inc. and The Citadel General Assurance Company for insurance purposes such as, to assess risk, process this enrolment and to administer any certificate of insurance, if issued. From time to time, *FutureBright* may wish to use the information obtained in respect of this enrolment for the optional purpose of offering upgraded or additional insurance products and related services. If you do not wish *FutureBright* to use your personal information for this optional purpose of offering upgraded and additional products and services, check here:



FutureSafe

CRITICAL ILLNESS INSURANCE

Imagine if you or your spouse were diagnosed with a serious illness such as cancer, heart attack or stroke. Hopefully, it would never happen to your family. But if it did, could you recover from the financial burden?

Don't put your family's financial future at risk.

Working with The Citadel General Assurance Company, we designed *FutureSafe* Critical Illness Insurance to help you cope financially if a serious illness or other condition stopped you or your spouse from working or running your household during treatment or recovery.

Receive a \$25,000 tax-free lump sum benefit from *FutureSafe* upon diagnosis of any one of 18 covered illnesses or other conditions.⁽¹⁾

FutureSafe Critical Illness Insurance offers guaranteed acceptance for those aged 18 to 64. No medical exam is required. You can use the \$25,000 tax-free lump sum benefit to pay for medical expenses, replace lost income, pay down debt or even take a vacation. It's your money to use any way you see fit.

FutureSafe Critical Illness Insurance allows you to take the time you need to recover from a serious illness or other condition, with no financial worries.



FutureSafe Covers 18 Illnesses⁽¹⁾ & Conditions:

- Life Threatening Cancer
- Benign Brain Tumour
- Major Organ Transplant
- Parkinson's Disease
- Kidney Failure
- Motor Neuron Disease
- Multiple Sclerosis
- Alzheimer's Disease
- Major Organ Failure Requiring Transplant
- Heart Attack
- Stroke
- Paralysis
- Major Burns
- Loss Of Speech
- Coma
- Blindness
- Deafness
- Coronary Artery Bypass Surgery

Tax-Free, Lump Sum Benefit Amounts

- \$25,000 Guaranteed Acceptance Benefits available for you and your spouse with no medical exam.
- \$125,000 Additional Medical Evidence Based Benefits available. The *FutureSafe* Medical Questionnaire can be found at www.futuresafe.ca or call 1-877-745-6800. See the Premium Calculator for monthly payments.

Eligibility⁽¹⁾

- Canadian residents between the ages of 18 and 64.
- Coverage terminates when the insured reaches age 65.
- Subject to pre-existing conditions, exclusions, limitations, survival periods. See www.futuresafe.ca for policy details.

Convenient Payment Options

- Premiums can be paid annually or monthly by cheque, credit card payments, or pre-authorized chequing.

Value-Added Feature – CareNav Bronze

- Medical care coordination service helps you secure and optimize the proper healthcare services and specialists.
- A value-added feature for *FutureSafe* policyholders.

FutureSafe Accidental Death Insurance

- Protecting you and your family in the case of an accidental death or injury. You or your beneficiary can receive tax-free benefits up to \$250,000. Accidental Death Insurance may be purchased exclusive of Critical Illness Insurance. See Schedule of Benefits at www.futuresafe.ca.

FutureSafe Premium Calculator

\$25,000 Guaranteed Acceptance Benefit – \$22.00/Month

Medical Evidence Based Benefits⁽²⁾ – Monthly Premiums

\$50,000 Benefit	18 -24	25 -29	30 -34	35 -39	40 -44	45 -49	50 -54	55 -59	60 -64
Female NS	7.75	14.05	17.95	22.05	30.15	43.35	57.10	78.55	111.95
Female S	8.60	16.90	24.15	34.85	56.60	91.75	126.95	171.70	223.45
Male NS	9.45	13.65	15.35	17.65	25.00	44.50	72.35	116.85	200.95
Male S	10.70	16.30	19.30	25.20	42.00	89.45	167.60	295.25	501.50
\$75,000 Benefit	18 -24	25 -29	30 -34	35 -39	40 -44	45 -49	50 -54	55 -59	60 -64
Female NS	11.63	21.08	26.93	33.08	45.23	65.03	85.65	117.83	167.93
Female S	12.90	25.35	36.23	52.28	84.90	137.63	190.43	257.55	335.18
Male NS	14.18	20.48	23.03	26.48	37.50	66.75	108.53	175.28	301.43
Male S	16.05	24.45	28.95	37.80	63.00	134.18	251.40	442.88	752.25
\$100,000 Benefit	18 -24	25 -29	30 -34	35 -39	40 -44	45 -49	50 -54	55 -59	60 -64
Female NS	15.50	28.10	35.90	44.10	60.30	86.70	114.20	157.10	223.90
Female S	17.20	33.80	48.30	69.70	113.20	183.50	253.90	343.40	446.90
Male NS	18.90	27.30	30.70	35.30	50.00	89.00	144.70	233.70	401.90
Male S	21.40	32.60	38.60	50.40	84.00	178.90	335.20	590.50	1003.00
\$125,000 Benefit	18 -24	25 -29	30 -34	35 -39	40 -44	45 -49	50 -54	55 -59	60 -64
Female NS	19.38	35.13	44.88	55.13	75.38	108.38	142.75	196.38	279.88
Female S	21.50	42.25	60.38	87.13	141.50	229.38	317.38	429.25	558.63
Male NS	23.62	34.13	38.38	44.13	62.50	111.25	180.88	292.13	502.38
Male S	26.75	40.75	48.25	63.00	105.00	223.63	419.00	738.13	1253.75

NS = Non-Smoker • S = Smoker • Rates indicated are CDN dollars

(2) These rates apply to *FutureSafe* Critical Illness Insurance benefits purchased in addition to the \$25,000 Guaranteed Acceptance Benefit, and require satisfactory medical evidence. The *FutureSafe* Medical Questionnaire must be completed and submitted before coverage can be issued.

• Premiums are based on age, gender, smoking status, and change when you reach the next age band.

• **IMPORTANT:** *FutureSafe* Guaranteed Acceptance Benefits and Medical Evidence Based Benefits may be purchased separately. The enrollee shall be issued separate policies for (A) \$25,000 Guaranteed Acceptance Benefits, and (B) Additional Medical Evidence Based Benefits.

Important Information

(1) *FutureSafe* Critical Illness Insurance coverage is subject to pre-existing conditions, exclusions, limitations and survival periods. Definitions are found on the *FutureSafe* Critical Illness Insurance Certificate. *FutureBright* encourages you to make an informed decision. Review important information under the "Tell Me More" link at www.futuresafe.ca. If you prefer, you can call toll-free 1-877-745-6800 to request important information by mail or fax.

FutureSafe Critical Illness Insurance Acceptance Form

1 PERSONAL INFORMATION

Applicant's Name: _____

Province of Residence: _____

Address: _____

City: _____ Postal Code: _____

Phone Number: (_____) _____

Date of Birth: (MM/DD/YYYY) _____

Male Female Smoker Non-Smoker

Please send me further information for **CareNavigator Medical Care Coordination Service and FutureHealth In-Home and Facility Care Insurance.**

Primary Email: _____

TO BE COMPLETED IF SPOUSE IS ENROLLING

Spouse's Name: _____

Date of Birth: (MM/DD/YYYY) _____

Male Female Smoker Non-Smoker

2 FutureSafe CRITICAL ILLNESS INSURANCE BENEFITS

APPLICANT

\$25,000 **Guaranteed Acceptance Benefit** (\$22.00/month)

I am interested in purchasing additional *FutureSafe* benefits*
 \$50,000 \$75,000 \$100,000 \$125,000

SPOUSE

\$25,000 **Guaranteed Acceptance Benefit** (\$22.00/month)

I am interested in purchasing additional *FutureSafe* benefits*
 \$50,000 \$75,000 \$100,000 \$125,000

* The *FutureSafe* Medical Questionnaire must be completed to determine your eligibility for additional benefits. The enrollee shall be issued separate policies for (A) \$25,000 Guaranteed Acceptance Benefits and (B) Additional Medical Evidence Based Benefits. Call 1-877-745-6800 to request a questionnaire or visit www.futuresafe.ca. To determine your premium, please refer to the Premium Calculator in this brochure.

3 FutureSafe ACCIDENTAL DEATH INSURANCE BENEFITS

Please Note: Accidental Death Insurance may be purchased exclusive of Critical Illness Insurance. See Schedule of Benefits at www.futuresafe.ca.

APPLICANT – SINGLE COVERAGE ONLY

- \$50,000 Benefit (\$8.00/month)
 \$100,000 Benefit (\$15.00/month)
 \$150,000 Benefit (\$20.75/month)
 \$200,000 Benefit (\$24.50/month)
 \$250,000 Benefit (\$28.25/month)

I hereby designate my beneficiary as:

- Irrevocable
 Revocable

Beneficiary's Name: _____

Relationship to Applicant: _____

APPLICANT – INCLUDES FAMILY COVERAGE

- \$50,000 Benefit (\$12.00/month)
 \$100,000 Benefit (\$19.00/month)
 \$150,000 Benefit (\$25.00/month)
 \$200,000 Benefit (\$32.00/month)
 \$250,000 Benefit (\$39.00/month)

I hereby designate my beneficiary as:

- Irrevocable
 Revocable

Beneficiary's Name: _____

Relationship to Applicant: _____

IMPORTANT: The beneficiary designation is revocable unless otherwise specified. **Quebec Residents:** the spousal beneficiary is deemed irrevocable unless otherwise specified.

4 SIGNATURES FOR APPLICANT AND SPOUSE

Signature of Applicant: _____

Signature of Spouse: _____

Dated: (MM/DD/YYYY) _____

5 PREMIUM TOTALS

MONTHLY PREMIUM	Applicant	Spouse
Critical Illness	\$ _____	\$ _____
+ Accidental Death	+ \$ _____	N/A
= Monthly Premium	\$ _____	\$ _____
Total Monthly Premium†	Add the above totals	\$ _____ (a)
† PLEASE NOTE: In Ontario, add 8% PST to your premium.		
ANNUAL PREMIUM (Only if paying annually)		
= Value From Line (a) x 12†		\$ _____

6 PAYMENT INFORMATION

If you choose payment by Pre-Authorized Collection or credit card, your future premium billings will automatically reflect the same payment method.

Payment by Credit Card: Monthly Annually

VISA MasterCard Expires: _____

Card #: _____

Payment – Annually by Cheque

Include a cheque with your completed acceptance form for the annual premium. Make cheques payable to *FutureBright*.

Payment – Monthly by Pre-Authorized Collection

Include a sample cheque marked “void” when you return your completed acceptance form.

Pre-Authorized Collection Authorization: I/we hereby authorize *FutureBright* Associates Inc. (*FutureBright*) to withdraw funds from my/our account each month to pay my/our insurance premiums one month in advance. I/we will ensure funds are available to cover each withdrawal. I/we authorize the bank noted below, or other financial institution that I/we identify, to withdraw funds from my/our account payable to *FutureBright*. I/we understand that if our financial institution indicates non-sufficient funds, *FutureBright* will attempt to withdraw again from my/our account and that a payment returned as non-sufficient funds may result in the cancellation of my/our policy. I/we understand that this authorization may be cancelled by me/us at any time upon written notice. I understand that *FutureBright* have the right to increase the amount of automatic withdrawals to the amount required to keep the policy in effect. I/we understand this authorization is continuous and will automatically apply to the renewal terms, unless *FutureBright* is instructed differently.

Name of Bank: _____

Transit #: _____ Bank #: _____

Account #: _____

Signature: _____

(as required on cheque)

If you have questions or would like help completing your acceptance form, please call toll-free 1-877-745-6800.



Living Benefits Plans

FutureBright products and services have been developed by leading insurance providers and healthcare professionals to meet the evolving lifestyle and healthcare needs of Canadians.

***FutureSafe* Critical Illness Insurance**

Underwritten by The Citadel General Assurance Company

Offering guaranteed acceptance and tax-free lump sum benefits upon diagnosis of serious illnesses or other conditions such as heart attack, stroke or cancer.

***FutureSafe* Accidental Death Insurance**

Underwritten by The Citadel General Assurance Company

In the event of accidental death or injury, you or your beneficiary can receive benefits up to \$250,000.

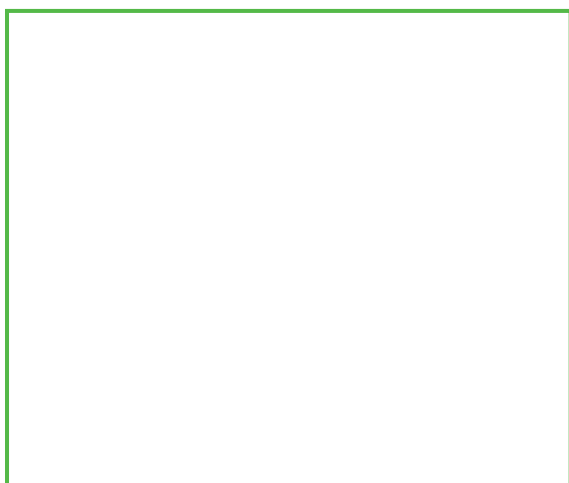
***FutureHealth* In-Home & Facility Care Insurance**

Underwritten by Combined Insurance Company, an Aon Company

Protecting your independence and life savings when you can no longer care for yourself.

***Care Navigator* Medical Care Coordination**

Providing a personal Care Coordinator to help you locate and optimize the proper healthcare resources.



FutureSafe Critical Illness Insurance is a product offering of *Care Navigator* Inc., and is distributed exclusively by *FutureBright* Insurance Group Inc. *FutureSafe* Critical Illness Insurance is underwritten by The Citadel General Assurance Company. Products may not be available in all provinces.