

REAL ESTATE AFFIDAVITS

The following section(s) must be completed for the purchase or sale of the Plan Member's principal family residence. Purchase or sale of an income producing or commercial property is not covered under the Plan.

PURCHASE OF FAMILY DWELLING

I _____ solemnly swear that the property which was purchased
Plan Member's Name
(excluding vacation property) shall be used as a principal residence for myself and my family, effective the date of closing.

Address of Property: _____

City: _____ Province: _____ Postal Code: _____

Plan Member's Signature: _____ Date: ____/____/____
Day Month Year

SALE OF FAMILY DWELLING

I _____ solemnly swear that the property which was sold
Plan Member's Name
(excluding vacation property) was a principal residence for myself and my family immediately prior to its sale.

Address of Property: _____

City: _____ Province: _____ Postal Code: _____

Plan Member's Signature: _____ Date: ____/____/____
Day Month Year

CLIENT WAIVER

This section must be completed.

I authorize W.A. Health to collect and exchange personal information about me and/or my dependents to process this claim and administer my group legal benefit plan. I understand any personal information obtained by W.A. Health will be kept confidential and, where necessary, W.A. Health will be exchanging my personal information. I authorize the following persons to exchange with W.A. Health or each other, any of my personal information in their possession: any legal counsel and/or agent, the plan administrator, government agency, auditing or independent investigative organization. I authorize the use of my Social Insurance Number for identification purposes. I certify that the information in this form is true and complete, to the best of my knowledge. A copy of this authorization shall be as valid as the original.

Plan Member's Signature: _____ Date: ____/____/____
Day Month Year

Phone Number: (_____) _____
area code

I acknowledge having the described services provided by the aforementioned service provider and hereby waive the Solicitor Client privilege in respect to documentation required to be released to adjudicate and process this claim for benefit.