



Authorization for eApplication

500-5000 Yonge Street
Toronto, ON M2N 7J8
ivari.ca

Policy No.: _____
(If available)

Name of Proposed Insured 1: _____

Name of Proposed Insured 2: _____

Name of Owner 1: (if other than Proposed Insured 1) _____

Name of Owner 2: (if other than Proposed Insured 2) _____

Name of Payor: (if other than Proposed Insured(s) or Owner(s)) _____

Name of Independent Insurance Advisor: _____

Authorization

As the electronic application will not be fully executed and signed in person, you the Proposed Insured(s), Owner(s) and Payor, if applicable, each authorize your independent insurance advisor noted above to complete the electronic application and submit it to *ivari* along with this signed authorization, on your behalf including any supplementary health information forms and temporary insurance agreement if applicable (in accordance with *ivari's* procedures and its accepted practices), with the same effect as if you had completed and signed the insurance application in person with your independent insurance advisor. You will be asked to provide information just as you would if completing the insurance application in person, and must ensure that the information provided is true, complete and correctly recorded to the best of your knowledge. You will be provided with an opportunity to review the information submitted on your behalf before any applicable insurance contract takes effect. You further authorize your independent insurance advisor to insert the policy number into this form should it not be available at the time of signing the authorization form.

PERSONAL INFORMATION AUTHORIZATION

For the **purposes of evaluating my/our insurance application, servicing my/our policy, and investigation and claim analysis**, I/we, the Proposed Insured(s), hereby authorize and direct any physician, medical practitioner, hospital, clinic or other medical or medically-related facility, insurance company, the MIB, Inc. or any other organization, institution, association or person identified in the Notices that now has or may in future have any information concerning me/us or my/our health to disclose to *ivari*, its authorized representatives and its reinsurers, upon the request of *ivari*, any such information for the purposes identified in the Notices. I/We authorize *ivari*, or its reinsurers, to make a brief report of my/our personal health information to MIB, Inc.

I/We further authorize a representative of *ivari* to perform such tests, examinations, x-rays, electrocardiograms and blood or urine tests as may be required by *ivari*. I/We understand and agree that such tests may include, but are not limited to, tests for kidney disease, liver disease, bone disease, risk factors for heart disease, AIDS or evidence of exposure to the HIV virus and the presence of medications, drugs, nicotine or their metabolites. *ivari* may release the results of these tests and examinations to my personal physician(s).

We have safeguards to protect your personal information; however, in the event of an unauthorized access, disclosure or use of your personal information, there is a possibility that you may experience: identity theft, negative effects on a credit record, financial loss, embarrassment or damage to reputation. If *ivari* believes that you face a real risk of significant harm, *ivari's* Privacy Office will notify you of the data breach and suggest steps to reduce your risk of harm.

RECEIPT OF LEAVE-AT-HOME PACKAGE ACKNOWLEDGEMENT

I/We acknowledge receiving from my/our advisor the *ivari* Leave at Home package, which includes: notices regarding the MIB, Inc., investigative consumer reports and collection, the collection use and disclosure of personal information, disclosure of compensation, the terms and conditions of the Pre-Authorized Debit payment program, and, if applicable, the Temporary Insurance Agreement.

A photocopy of this Authorization shall be as valid as the original. You authorize *ivari* and your independent insurance advisor to act on a faxed or electronically sent copy of this signed form which is to be considered as the original from which further copies may be made that will be equally valid. Your authorizations will take effect on the date you sign this form and will remain in effect until the purposes for which they were provided have expired.

Authorization for eApplication

Signed at (city) _____ in the province of _____ on _____
(DD/MM/YYYY)

Sign here

Signature of **PROPOSED INSURED 1**
If Proposed Insured is a minor the signature of a parent or legal guardian is required

Sign here

Signature of **PROPOSED INSURED 2**
If Proposed Insured is a minor the signature of a parent or legal guardian is required

Sign here

Signature of **OWNER 1**, if not a Proposed Insured

Sign here

Signature of **OWNER 2**, if not a Proposed Insured

Sign here

Signature of your Independent Insurance Advisor

Sign here

Signature of Payor, if not Proposed Insured(s) or Owner(s)

Guide for eApplications completed by the advisor on behalf of the client(s)

This guide provides instructions on how to complete an eApp not fully executed and signed in the presence of the Proposed Insured(s), Policy Owner(s) or Payor(s).

REMINDERS

- *Leave at Home Package* must be given to the owner.
- The Client authorization page of *Leave at Home Package* must be signed and returned to *ivari* head office
- You must comply with provincial licensing requirements in all provinces in which you conduct business.
- Obtaining valid owner identification and recording it on the application is mandatory.
- Verifying your client(s) identity is required. Adhere to the same process established for *ivari's* non-face-to-face guidelines along with obtaining authorization from the client(s) using a signed *Authorization for eApplication* form (LP1878).

Important to note, *ivari* will not proceed with an application without this completed form.

Overview:

- Before an application can be started, the advisor must be in possession of a signed *Authorization for eApplication* form (LP1878).
- Form (LP1878) must be signed each time an eApplication is not fully executed and signed in the presence of the Proposed Insured(s), Policy Owner(s) or Payor(s) and one (or more) of the latter is allowing the advisor to sign on their behalf.
- The advisor submits the eApplication and the signed *Authorization for eApplication* form along with all other necessary paperwork to *ivari* following the usual business process.
- A signed delivery receipt is mandatory to have the policy settled with the exception of conversions.

Obtaining *Authorization for eApplication* form (LP1878)

STEP 1: CHOOSE EITHER OPTION A OR B

Option A: Obtaining the client(s) signature electronically

1. Use the online version of the *Authorization for eApplication* (on ivari.ca) which will allow your client to sign electronically.
2. This form can be completed with your client in person or remotely.
3. All required fields must be completed and the form should be electronically signed by the client(s).
4. The client(s) **must** provide a signed copy of this form to the advisor on or before the day the eApplication is started.

Option B: Obtaining a client(s) signature using a paper form

1. Use the paper version of the *Authorization for eApplication* (LP1878) and obtain applicable client ink signatures.
2. The client(s) must provide a signed copy of this form to the advisor on or before the day the eApplication is started.

Remember, verifying client identity where a client is not in the advisor's presence is still mandatory.

Please follow the same process as [ivari's non-face-to-face guidelines](#) for further details.

STEP 2: Apply for insurance CHOOSE EITHER OPTION A OR B

Option A: If suppressing the client(s) signature on the eApplication

1. On the eApp Advisor Information page, indicate that you have an *Authorization for eApplication* form and that you want to suppress the client(s) signatures.
2. Complete the eApp on behalf of the client(s).
3. Once completed, attach the *Authorization for eApplication* form.
4. As the advisor you need to sign the *Authorization for eApplication*.
5. Answer all applicable questions indicating you are not in the presence of the client(s) while completing the *Authorization for eApplication*.

Option B: If applying the client signature on the eApplication

1. Complete the application on behalf of the client(s) including the client registration.
2. Register with the complete first and last names of the client(s) and valid client email address(es).
3. Send individual signature requests via mobile device to each client (Insured(s), Policy Owner(s), Payor(s)) who is required to sign the eApplication. For example: the Owner and Insured will both receive a text to sign once their signature is required on the eApplication.
4. Answer all applicable questions indicating you are not in the presence of the client(s) while completing the eApplication.
5. Once completed, attach the *Authorization for eApplication* form.

STEP 3: Submit the eApplication

1. Upload the signed and locked electronic *Authorization for eApplication* form as **OTHER DOCUMENTS** along with any other required forms to setup the eApplication.
2. During "Data Gathering" you can attach the signed and locked electronic *Authorization for eApplication* form to the eApp.
3. The Client Authorization within the *Leave at Home Package* (LP1539) is still required at this time and must be uploaded as *Client Authorization Page*. Please note that this is different than the electronic *Authorization for eApplication* form.

STEP 4: Deliver the policy

- A fully completed delivery receipt is mandatory to settle all policies, other than conversions.
- This may be witnessed by an independent third party who is not the Policy Owner, Beneficiary, Payor or relation to the Insured(s).
- The witness must be in the presence of the Insured(s) and Owner(s) when the documents are signed.



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