



HUB International
Barton Insurance Brokers

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**TELUS INSURE.IT PAYROLL DEDUCTION PROGRAM
FOR REGULAR FULL AND PART TIME EMPLOYEES**

ATTENTION TELUS EMPLOYEES: PLEASE COMPLETE THE SECTION BELOW

Employee Name (first name) (initials) (last name)		Date of Birth (for verification purposes) MM DD	
Business Address (please include floor # if applicable)			Department
Business Phone	Home Phone	Work E-mail Address	Employee number
Home Address Street number & name		City	Province Postal Code
BRITISH COLUMBIA ICBC AUTOPLAN ONLY			
PLATE NUMBER	MAKE OF CAR	YEAR OF CAR	
<i>AIR CARE INSPECTION, IF REQUIRED, MUST BE COMPLETED PRIOR TO RENEWAL OF YOUR ICBC COVERAGE.</i>			
Renewal Date MM DD YY		OFFICE USE ONLY <input type="checkbox"/> BC AUTO 1 <input type="checkbox"/> BC AUTO 2 <input type="checkbox"/> INSURE.IT	

TELUS INSURE.IT PAYROLL DEDUCTION PROGRAM TERMS AND CONDITIONS

I hereby authorize TELUS to deduct bi-weekly from my net pay the amounts necessary to pay for the insurance premiums and any applicable taxes secured through the TELUS INSURE.IT Payroll Deduction Program (the "Program"). Upon termination of my employment or payroll status change to "Inactive" with TELUS, I promise to pay for all such outstanding Premiums under the Program. I hereby authorize TELUS to deduct all such outstanding Premiums due under the Program from my final paycheck. I hereby authorize TELUS and Hub International Barton Insurance Brokers to provide sufficient information to Lombard Canada for the purpose of administering the Program.

In the event that any ICBC Auto Premiums due under the Program exceed my final paycheck, I promise to pay Hub International Barton Insurance Brokers or assignee all outstanding ICBC Auto Premiums due by me under the Program within 10 days of my employment termination or payroll status change to Inactive with TELUS. In the event that my ICBC Auto Premiums due under the Program remain unpaid after 10 days from my TELUS employment termination or payroll status change to Inactive with TELUS, I authorize Hub International Barton Insurance Brokers to apply the outstanding balance on my Credit Card number provided below.

Should any ICBC Auto Premiums under the Program still remain unpaid I hereby agree to cancel the insurance relating to the above plate number and unconditionally assign to Hub International Barton Insurance Brokers the proceeds of any unearned ICBC Auto Premiums received on such cancellation plus interest of 2% per month plus any fees incurred to collect the outstanding premiums to Hub International Barton Insurance Brokers. Any excess of proceeds from cancellation over such outstanding amounts will be paid to the undersigned.

CREDIT CARD INFORMATION (must be provided): <input type="checkbox"/> VISA <input type="checkbox"/> Mastercard
Card Holder: _____ Card Number: _____ Expiry Date: _____

I HAVE READ AND AGREE TO THE ABOVE TERMS AND CONDITIONS

DATE MM DD YY	Signature of above employee
	Witness