



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

<b>ATTENTION TELUS EMPLOYEES: PLEASE COMPLETE THE SECTION BELOW</b>			
Employee Name  (first name) (initials) (last name)		Date of Birth (for verification purposes)  MM DD YR	
Business Address (please include floor # if applicable)		Employee Number	
Business Phone	Personal Phone	Work E-mail Address	Personal E-mail Address
Home Address  Street number & name		City	Province  Postal Code
<b>BRITISH COLUMBIA ICBC AUTOPLAN ONLY</b>			
PLATE NUMBER	MAKE OF CAR	YEAR OF CAR	
Renewal Date  MM DD YY		OFFICE USE ONLY  <input type="checkbox"/> BC AUTO 1 <input type="checkbox"/> BC AUTO 2	

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.

In the event that any ICBC Auto Premiums due under the Program exceed my final paycheck, I promise to pay Hub International 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.

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 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 Insurance Brokers. Any excess of proceeds from cancellation over such outstanding amounts will be paid to the undersigned.

I HAVE READ AND AGREE TO THE ABOVE TERMS AND CONDITIONS

DATE  MM DD YY	Signature of above employee
	Witness