



Canadian Association of Occupational Therapists

100-34 Colonnade Road, Ottawa, ON K2E 7J6
 E-mail: membership@caot.ca • Fax: (613) 523-2552
 Tel: (800) 434-2268 or (613) 523-2268, ext. 225/246

Member number

INDIVIDUAL ASSOCIATE
 October 1, 2018 to September 30, 2019

Personal information				
I prefer French correspondence Yes <input type="checkbox"/> No <input type="checkbox"/>				
First name		Middle name		Last name
Address				
City			Province	Postal code
Country	Telephone		Email	

Fee					
AB, MB, NT, NU, SK, YT (5% GST)	BC, QC (5% GST)	ON (13% HST)	NB, NL, NS, PE (15% HST)	Outside Canada	Total 1
\$155.00 + \$7.75 = \$162.75	\$193.00 + \$9.65 = \$202.65	\$155.00 + \$20.15 = \$175.15	\$155.00 + \$23.25 = \$178.25	\$155.00	

If you live in BC or QC, your membership fee is combined and includes both CAOT and CAOT-BC/CAOT and CAOT-Qc. If you live in the Yukon, the Northwest Territories or Nunavut, you will automatically become a Member of CAOT-North when you renew your CAOT membership. Your membership fees includes both CAOT and CAOT-North.

CAOT Professional Liability Insurance for Individual Associates: Canada-wide coverage						
	SK (6% PST)	MB, ON (8% PST)	QC (9% PST)	NL (15% PST)	All others	Total 2
Professional Liability Insurance (Basic) (\$6,000,000), and Criminal Defense (maximum of \$100,000)	\$59.00 + \$3.54 = \$62.54	\$59.00 + \$4.72 = \$63.72	\$59.00 + \$5.31 = \$64.31	\$59.00 + \$8.85 = \$67.85	\$59.00	

Note: Page 3 of this form must be submitted with any request to purchase Professional Liability Insurance.

<p>DISCLOSURE BMS is the managing broker and is responsible for placing your insurance coverage(s) referenced above, as well as providing additional services, including dedicated resources and risk management. The above information provides a breakdown of the total annual cost for each line of coverage.</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Coverage Options</th> <th>Limit</th> <th>Premium</th> <th>*BMS Fee</th> <th>Total Cost</th> </tr> </thead> <tbody> <tr> <td>CAOT Professional Liability Insurance</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Option 1</td> <td>\$6M/\$6M</td> <td>\$49</td> <td>\$10</td> <td>\$59</td> </tr> <tr> <td>Option 2</td> <td>\$10M/\$10M</td> <td>\$87</td> <td>\$10</td> <td>\$97</td> </tr> <tr> <td>OTA/PTA</td> <td>\$6M/\$6M</td> <td>\$59</td> <td>\$0</td> <td>\$59</td> </tr> <tr> <td>Individual Associate</td> <td>\$6M/\$6M</td> <td>\$49</td> <td>\$10</td> <td>\$59</td> </tr> </tbody> </table>	Coverage Options	Limit	Premium	*BMS Fee	Total Cost	CAOT Professional Liability Insurance					Option 1	\$6M/\$6M	\$49	\$10	\$59	Option 2	\$10M/\$10M	\$87	\$10	\$97	OTA/PTA	\$6M/\$6M	\$59	\$0	\$59	Individual Associate	\$6M/\$6M	\$49	\$10	\$59	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Coverage Options</th> <th>Limit</th> <th>Premium</th> <th>*BMS Fee</th> <th>Total Cost</th> </tr> </thead> <tbody> <tr> <td>CAOT Clinic Professional Liability Insurance</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Option 1</td> <td>\$6M/\$6M</td> <td>\$53</td> <td>\$10</td> <td>\$63</td> </tr> <tr> <td>Option 2</td> <td>\$10M/\$10M</td> <td>\$61</td> <td>\$10</td> <td>\$71</td> </tr> </tbody> </table>	Coverage Options	Limit	Premium	*BMS Fee	Total Cost	CAOT Clinic Professional Liability Insurance					Option 1	\$6M/\$6M	\$53	\$10	\$63	Option 2	\$10M/\$10M	\$61	\$10	\$71	
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<p>* In addition to the information above, BMS also receives a commission from the insurer. Commission may vary depending on a number of factors, including the insurance purchased and the insurer. For more information, contact BMS Group at 1-855-318-6024 or caot.insurance@bmsgroup.com.</p>																																																					

Member and Associate Assistance Program (MAAP)					
Enrol in the Member and Associate Assistance Program (optional, Canadian residents only). MAAP is a wellness program that provides up to 12 hours of professional counselling services when you or your family need support and guidance. Access in-person or telephone counselling for a range of issues such as financial, personal, family, work-related, eldercare and more.					
Fee \$68.00	AB, BC, MB, NT, NU, SK, YT \$3.40 (5% GST)	QC \$10.18 (5% GST + 9.975% HST)	ON \$8.84 (13% HST)	NB, NL, NS, PE \$10.20 (15% HST)	Total 3

GoodLife Fitness Membership	Receive up to 55% off the regular price of a GoodLife/Energie Cardio membership (optional, Canadian residents only, online only). For pricing, information, and to register or renew your GoodLife/Energie Cardio membership visit http://register.goodlifefitness.com/english
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Public Awareness

Contribute to a special public awareness project (optional, any amount) to help raise the profile of occupational therapy in Canada. In 2018-19, funds will be used to promote 'FIND an OT' through targeted advertising on referrer websites. Suggested contribution: \$20.00

Preferences

I agree to provide my contact details for the following: Yes No Recruitment Mailings
 Yes No Product Advertising Mailings

Fee payment

Cheque enclosed, payable to CAOT Money order e-Transfer*
There will be a \$50.00 surcharge on all NSF cheques.

VISA / MasterCard

/ / /
Expiry date CVC

Your credit card security number is the last three digits of the number in the security strip on the back of your card.

Cardholder name

Signature

* Please send the Email Money Transfer to membership@caot.ca. Please provide the answer to your security question in a separate email.

Total 1	\$ _____
Total 2	\$ _____
Total 3 (MAAP)	\$ _____
Total 4 (Public Awareness Contribution)	\$ _____
Total payment due:	\$ _____

GST REG. NO. R100759877 / QST 1020753675

Check this box if you are unable to provide a signature electronically. In doing so, you authorize CAOT to charge the amount listed above and agree to comply with CAOT Bylaws.



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Canada-wide CAOT Professional Liability Insurance for Individual Associates

To purchase Professional Liability Insurance in addition to your Individual Associate application, your supervising occupational therapist(s) must complete the following section. Each occupational therapist must be a CAOT member holding their own CAOT Professional Liability Insurance. If your supervising occupational therapist changes during the membership year, please update and resubmit this page by email, fax or mail.

*****The following section must be completed for insurance to be valid.*****

By completing this section the supervising occupational therapist declares that she/he is a member of CAOT and carries a valid CAOT Professional Liability Insurance policy.

Name	CAOT member #	Signature	Date
1.			
2.			
3.			
4.			

This section must be completed yearly by each of the supervising CAOT members.

I (Individual Associate) understand that, if purchased, the insurance is only valid for work performed under the supervision of the above occupational therapist(s) who must be members of CAOT with CAOT Professional Liability Insurance. Work that is not supervised by a CAOT member with the CAOT Professional Liability Insurance is not covered under this policy.

Signature _____

(Individual Associate)

Date _____