

LET US HELP YOU PAY FOR

1. SURGICAL

2. MAJOR MEDICAL

3. IN HOSPITAL MEDICAL CARE

4. DOCTOR'S SERVICES

THE CO-OP "4 in 1" PACKAGE PLAN INCLUDES ALL THE FOLLOWING SERVICES:

1. SURGICAL:

BENEFITS are paid at the rates recommended by the Ontario Medical Association, as shown in the General Section 1962 Schedule of Fees for the following:

- ★ SURGICAL OPERATIONS
- ★ FRACTURES and DISLOCATIONS
- ★ SERVICES of ANAESTHETISTS
- ★ CYSTOSCOPIC and BRONCHOSCOPIC EXAMINATION
- ★ BURNS and LACERATIONS

- ★ CONFINEMENTS — Including pre-natal and post-natal care
- ★ DIAGNOSTIC X-RAYS — Up to \$25.00 per contract year, each member and dependent (except when covered by the Ontario Hospital Services Commission)
- ★ TONSILS and ADENOIDS, HERNIA, PREGNANCY are subject to a ten-month waiting period.

Exceptions:
Care under the SURGICAL contract does not cover refractions, inoculations, vaccinations, or injections.

2. MAJOR MEDICAL:

BENEFITS are paid at the rates recommended by the Ontario Medical Association in 1962 Schedule of Fees.

- ★ GUARANTEED PLAN to pay 80% of all eligible expenses from \$100.00 to a maximum of \$5,000.00 incurred in any twelve-month period.
- ★ DOCTOR'S OFFICE OR HOUSE CALLS
- ★ DIFFERENTIAL between SPECIALISTS and GENERAL RATES
- ★ DRUGS: Ordered on Prescription or given by the doctor

- ★ AMBULANCE CHARGES
- ★ APPLIANCES
- ★ THERAPY or related services ordered by the doctor as necessary treatment of an illness or injury
- ★ NURSING CARE — Except in Hospital (Medically necessary care by a registered nurse)
- ★ LABORATORY SERVICES (for out-patients)
It is necessary to submit receipts for a Major Medical Claim.

3. IN HOSPITAL MEDICAL CARE:

Benefits:

1. One hospital visit per day, when confinement to a hospital is due to a medical illness.

2. One consultation with regard to each confinement in hospital.

Limit of sixty days for each eligible member or dependent, during any contract year.

4. DOCTOR'S SERVICES:

- ★ AT HOME
 - ★ LIMITED NUMBER OF INJECTIONS
- Medical benefits subject to a limit of \$200.00 per person each contract year.

- ★ IN THE OFFICE
 - ★ MEDICAL CHECK-UP
 - ★ EYE-TEST for correction of vision
- After one full year's membership

NO MEDICAL EXAMINATION

NO ENROLMENT FEE

NO AGE LIMIT FOR ADULTS

ONE LOW RATE

FAMILY

Includes husband, wife and all dependent children under 19 years of age.

SEMI-ANNUAL PREMIUM \$60.00

SINGLE

SEMI-ANNUAL PREMIUM \$30.00

LIMITED OPPORTUNITY

THIS ENROLMENT ENDS FEBRUARY 15, 1964

ECONOMY "3 in 1" INCLUDES BENEFITS UNDER:

1. SURGICAL

2. MAJOR MEDICAL

3. IN HOSPITAL MEDICAL CARE

Semi-Annual Premium

Single — \$15.00

Family — \$30.00

OR

For Further Information Write or Call on York Co-Operative Medical Services

LICENSED BY THE ONTARIO DEPARTMENT OF INSURANCE

Phone **884-1501**

31 YONGE ST. NORTH, RICHMOND HILL

HERE IS ALL YOU DO TO JOIN

1. Fill out application attach cheque for first 6 month's premium.

2. Mail or Deliver to

York Co-Operative Medical Services
31 Yonge St. North,
Richmond Hill,
Ontario.

Effective date of your medical insurance is March 1, 1964, and your policy will be mailed to you.

APPLICATION FOR MEMBERSHIP

YORK CO-OPERATIVE MEDICAL SERVICES

31 Yonge St. North Richmond Hill, Ontario

NAME _____ DATE OF BIRTH _____

ADDRESS _____

OCCUPATION _____ EMPLOYED BY _____

NAME OF WIFE (OR HUSBAND) _____ DATE OF BIRTH _____

Dependent children under 19 years of age
NAMES _____ DATE OF BIRTH _____

I agree that the falsity of any statement in this application shall bar all rights to benefits, if such statement materially affects either the acceptance of my application or the risk assumed by the Co-operative.

ENCLOSED MY CHEQUE OR MONEY ORDER FOR THE FIRST SIX MONTH'S PREMIUM — PAYABLE TO

YORK CO-OPERATIVE MEDICAL SERVICES

I UNDERSTAND THE COVERAGE WILL BEGIN MARCH 1, 1964

SIGNATURE OF APPLICANT _____

M 1

ONLY ONE APPLICATION FORM NECESSARY FOR EACH FAMILY

SINGLE PERSONS AGE 19 AND OVER MUST MAKE A SEPARATE APPLICATION

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