

Basic Life Insurance & Canada Post Paid Death Benefit

Urban Operations Bargaining Unit Only

These plans are two life insurance plans offered by Canada Post, both of which pay money to your beneficiary(ies) in the event of your death. The two plans are:

1. **Basic Life Insurance**
2. **Canada Post Paid Death Benefit**
(which covers people 65 years and older)

This plan is mandatory for eligible employees. If you are eligible for the Basic Life Insurance Plan you will be automatically enrolled in the plan, but you need to fill out a **Basic Life Insurance Plan Form** to designate the beneficiary(ies) of your insurance money in the event of your death.

The **Canada Post Paid Death Benefit — Age 65 and up Form** is separate from the Basic Life Insurance Form. The form includes a section where you designate the beneficiaries of the money from this plan (\$10,000). You should fill out this form before you turn 65.

Both these forms should be signed, dated and witnessed by someone who is not a beneficiary

Eligible:

Basic Life Insurance

Regular employees are eligible from the date they were hired as regular employees, or become regular employees. A regular employee is a permanent employee, full-time or part-time.

Temporary employees working in Group 3 (maintenance) positions are eligible.

Retirees are eligible.

Canada Post Paid Death Benefit

Employees covered by the Basic Life Insurance Plan become eligible when they turn 65.

NOT Eligible:

Basic Life Insurance

Temporary employees, except for those working in Group 3 (maintenance) positions, are not eligible. When temporary employees become regular (permanent) employees, they become eligible for the plan.

Rural and Suburban Mail Carriers (RSMCs) are not eligible for this plan.

Canada Post Paid Death Benefit

Same as for Basic Life Insurance Plan, above, plus employees (or retirees) must be 65 years of age or older.

What is the costs of the Basic Life Insurance? Employees and retirees pay \$0.18 per \$1,000 of coverage, per month. The premiums are based on income; higher-paid workers pay higher premiums. In 2013, a full-time postal worker earning a salary of \$50,000.00 a year will pay premiums of \$18.00 a month or \$9.00 bi-weekly.

When does coverage start? Basic Life Insurance Plan coverage begins on your first day of work in an eligible position. Canada Post Death Benefit— Age 65 and up begins when you turn 65 — but you must be covered by the Basic Insurance to qualify.

When does coverage end? Basic Life Insurance Plan coverage ends on the earliest of the following dates:

- the date you cease to be an insurable (eligible) employee
- the date you stop working for Canada Post without an immediate pension (but you can opt to continue your coverage at market rates)

Canada Post Death Benefit— Age 65 and up coverage ends on the date you stop working for Canada Post without an immediate pension (but you can opt to continue your coverage at market rate)

Does my coverage continue when I am off work (on leave)?

Sick Leave (paid or unpaid) &
Disability Insurance

Coverage continues. You pay your share of premiums when you return to work.

Maternity, Parental and Adoption Leave

Coverage continues. You pay your share of premiums when you return to work

Any other leave of absence without pay of more than 30 calendar days (e.g. Education Leave, Care and Nurturing Leave, Sabbatical Leave or leave for other reasons

Coverage continues. You must pay BOTH yours & employers share of the premiums when you return to work

Before going on any type of leave you should check to confirm your entitlements with a CUPW Shop Steward or a local Union officer. Also ensure that both the employer and CPC Human Resources (*formerly called Pay and Benefits*) are informed.

When you return to work, Canada Post will deduct the money owing from your pay, for a period twice as long as the period of your leave.

Example: Here is an example of how it works. You return from five months of leave and owe a total of \$350 in premiums for the time you were on leave (five months x \$70). Canada Post will deduct the \$350 over a period that's twice as long as your five-month leave (ten months). You'll pay back the premiums at the rate of \$35 a month.

What expenses/services does this plan cover?

Basic Life Insurance: If you die before you turn 65, your beneficiary will receive a cheque in the amount of two times your annual salary, rounded to the next highest \$1,000 (Basic Life Insurance Plan). This money will be paid if you were an employee, or if you were a retiree who had signed up to continue life insurance coverage.

Every year after you turn 66, the Basic Life Insurance amount drops by 10% until it reduces to \$10,000 (or one third of your salary rounded to the next \$1,000, whichever is higher). Eventually, only the \$10,000 death benefit will remain.

CPC Paid Death Benefit: When you turn 65, you are eligible for the CPC Paid Death Benefit coverage. This plan is mandatory if you are at work. The amount of the benefit (\$10,000) is deducted from the amount of your two times salary life insurance coverage.

An important tip about the Paid Death Benefit: When considering your options, keep in mind that if you continue your Basic Life Insurance Plan coverage until you turn 65 — either the two times salary coverage option, or the \$10,000 coverage option — you will be entitled to the CPC Paid Death Benefit at age 65. The death benefit is worth \$10,000 and costs you no extra premiums. If you retire before you turn 65, you must continue your Basic Life Insurance coverage in order to be eligible for the \$10,000 death benefit.

If you retire with an immediate pension... you can choose to: continue the Basic Life Insurance Plan & CPC Death Benefit coverage of two times salary life insurance coverage, or continue coverage with just \$10,000 life insurance, or discontinue all coverage. You can decrease or cancel your coverage at any time, but you cannot increase coverage after you've made your initial selection.

If you quit, or retire with a deferred pension, you can convert up to the amount of your Basic Insurance (and Death Benefit, if you have this coverage) into an individual policy. Your premiums will be at higher "market rates". You must take this option within 31 days of ending your employment.

How do I change my beneficiary? The form you use to change a revocable beneficiary is different from the one you use to change an irrevocable beneficiary.

If your beneficiary is **revocable** you need to fill out a new Basic Life Insurance Form; you need to fill out a CPC Paid Death Benefit Form if you also have death benefit coverage.

If you live outside Quebec and made your beneficiary **irrevocable**, you need a Consent to Change of an Irrevocable Beneficiary Form (that your beneficiary must sign).

*If you live in Quebec and you designated your spouse as an irrevocable beneficiary, you **cannot** change this designation as long as you remain married. You can, however, change an irrevocable beneficiary in Quebec if your spouse dies, and in some cases of divorce.*

How can the life insurance money be claimed? In the event of your death, whomever is handling your estate should ask Human Performance Management (HPM) to send a Claim Kit for the Basic Life Insurance (and a Claim Kit for the Canada Post Death Benefit, if you were covered by that plan as well).

The administrator of your estate fills out the forms in the kit and returns them to the HPM office, along with a copy of the death certificate. The HPM staff completes their portion of the form and sends it to the insurance company, Great-West Life, which mails out cheques to your beneficiaries, trustee or estate.

Note: Canada Post administers life insurance benefits for employees and it is CPC staff in the workplace or at HPM that you contact, not Great-West Life.

CUPW members also have another life insurance plan. This CUPW-sponsored plan is administered by Coughlin & Associates. The CUPW plan covers all union members in good standing, and their families.

For more information regarding the “CUPW Life Insurance Plan” check out check out that posting on this website.

If you have any questions regarding the Basic Life Insurance & Canada Post Paid Death Benefit you can also contact CPC Human Resources at:

AccessHR

**Canada Post Corporation
B125 2701 Riverside Drive
Ottawa, Ont
K1A 0B1**

1-877-807-9090

www.accesshr@canadapost.ca

On the following pages you will find:

- 1. Basic Life Insurance Plan Form**
- 2. Canada Post Paid Death Benefit – Age 65 & up
Beneficiary Designation / Change of Beneficiary form**

Basic Life Insurance Plan - Beneficiary Designation/Change of Beneficiary

Please print in ink and retain a copy for your records in a secure place

Status of Employee: Active Employee Retired Employee in Receipt of Immediate Pension

Type of Transaction: Enrollment Amendment Change of Beneficiary Change of Employee Name

A - Employee/Retiree Information

Surname: _____ First Name: _____ Initials: _____ Employee ID No.: _____ Male Date of Birth: _____
Female Year: _____ Month: _____ Day: _____

Address: _____ City: _____ Prov.: _____ Postal Code: _____ Country: _____ Telephone No.: _____

B - Coverage Options - Retiree only (Please select one)

Full Amount Flat \$10,000 (Complete CPC Paid Death Benefit Age 65 and up - Beneficiary Designation/Change of Beneficiary Form) Decline Coverage - Complete Section E below
I understand the Retiree Basic Life Insurance coverage offered to me but decline to participate.

C - Beneficiary Designation/Change of Beneficiary

Note For more than 3 beneficiaries, attach separate sheet. You are responsible to ensure that the beneficiary designation is complete (last name, first name, middle initial). If the beneficiary designation is incomplete or no beneficiary is designated, your estate will be deemed to be the beneficiary. If you designate a beneficiary as irrevocable, or have previously designated a beneficiary as irrevocable, you cannot change your beneficiary designation without the prior written consent of the irrevocable beneficiary.

Where Quebec law applies, a spousal beneficiary (whether married or civil union spouse) is irrevocable unless you make the designation revocable by checking here: Revocable

If more than one beneficiary is designated, ensure that the appropriate % share of benefit is shown below:

1	% of benefit _____ %	Beneficiary's Surname _____	First Name _____	Initials _____	Relationship to Employee _____
Address		City	Prov./State	Postal/Zip Code	Country Telephone No.
2	% of benefit _____ %	Beneficiary's Surname _____	First Name _____	Initials _____	Relationship to Employee _____
Address		City	Prov./State	Postal/Zip Code	Country Telephone No.
3	% of benefit _____ %	Beneficiary's Surname _____	First Name _____	Initials _____	Relationship to Employee _____
Address		City	Prov./State	Postal/Zip Code	Country Telephone No.

D - Trustee/Administrator Clause

If designating a beneficiary who is a minor or who otherwise lacks legal capacity, you may wish to appoint a trustee/administrator by completing this section. This appointment may not be suitable for all purposes. **We recommend you consult with a legal advisor, and with any proposed trustee/administrator. Do not complete this section if you have made another trustee/administrator appointment.**

I hereby appoint the following trustee to receive and to hold in trust, on behalf of any beneficiary, money payable to the beneficiary under this group policy where, at the time payment is to be made, the beneficiary is a minor or otherwise lacks legal capacity. Any such payment, to its extent, will release the Insurance Company and Canada Post from further liability. The trustee shall act prudently and may use the money, including any returns on it or investments made, for the education and/or maintenance of the beneficiary. The trust will terminate once the beneficiary is of the age of majority and has legal capacity. At that time, the trustee shall deliver to the beneficiary all assets held in trust.

FOR QUEBEC ONLY
Where this appointment is governed by Quebec law, "trustee" shall be understood as "administrator", and their related terms and concepts understood accordingly. This appointment shall be interpreted in accordance with the provisions governing the administration of the property of others, under the Quebec Civil Code.

Trustee's/Administrator's Surname: _____ First Name: _____ Initials: _____
Relationship to Employee: _____
Address of Trustee: _____
City: _____ Prov.: _____ Postal Code: _____
Country: _____ Telephone No.: _____

E - Cancellation of Insurance - Retiree Only

I understand the Retiree Basic Life Insurance coverage offered to me but decline to participate. I understand that I cannot rejoin the Plan at a later date.

Retiree's Signature: _____ Year: _____ Month: _____ Day: _____

Name of Witness (please print): _____
Witness' Signature: _____ Year: _____ Month: _____ Day: _____

Address of Witness: _____ City: _____ Prov.: _____ Postal Code: _____ Country: _____ Telephone No.: _____

F - Authorization and Protection of Personal Information

I hereby apply for coverage under the Basic Life Insurance Plan and authorize the deduction from my pay/my pension of any contributions I must make towards the cost of this benefit. I understand and agree that the personal information that you collect from me will be used to provide the group coverage and to administer the benefits. Access to this personal information is limited to those who require it to administer this benefit in the performance of their duties, those to whom I have granted access, and those authorized by law. I agree that a photocopy or electronic copy of this form is as valid as the original. I certify that the information given is true, correct and complete to the best of my knowledge.

Employee's/Retiree's Signature: _____ Year: _____ Month: _____ Day: _____
Witness' Signature - Other than the beneficiary (ies): _____ Year: _____ Month: _____ Day: _____

Address of Witness: _____ City: _____ Prov.: _____ Postal Code: _____ Country: _____ Telephone No.: _____

G - Office Use Only

Plan No.	Effective Date of Coverage/Change	Year	Month	Day	Benefits Representative Name	System Updated	Year	Month	Day
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Canada Post Paid Death Benefit - Age 65 and up Beneficiary Designation/Change of Beneficiary

Please print in ink and retain a copy for your records in a secure place

Status of Employee: Active Employee Retired Employee in Receipt of Immediate Pension

Type of Transaction: Enrollment Amendment Change of Beneficiary Change of Employee Name

A - Employee/Retiree Information

Surname: _____ First Name: _____ Initials: _____ Employee ID No.: _____

Male Date of Birth: _____
Female

Address: _____ City: _____ Prov.: _____ Postal Code: _____ Country: _____ Telephone No.: _____

B - Coverage

Flat \$10,000

C - Beneficiary Designation/Change of Beneficiary

Note For more than 3 beneficiaries, attach separate sheet. You are responsible to ensure that the beneficiary designation is complete (last name, first name, middle initial). If the beneficiary designation is incomplete or no beneficiary is designated, your estate will be deemed to be the beneficiary. If you designate a beneficiary as irrevocable, or have previously designated a beneficiary as irrevocable, you cannot change your beneficiary designation without the prior written consent of the irrevocable beneficiary.

Where Quebec law applies, a spousal beneficiary (whether married or civil union spouse) is irrevocable unless you make the designation revocable by checking here: Revocable

If more than one beneficiary is designated, ensure that the appropriate % share of benefit is shown below:

1	% of benefit	Beneficiary's Surname	First Name	Initials	Relationship to Employee
	<input type="text"/> %				
Address		City	Prov./State	Postal/Zip Code	Country Telephone No.
2	% of benefit	Beneficiary's Surname	First Name	Initials	Relationship to Employee
	<input type="text"/> %				
Address		City	Prov./State	Postal/Zip Code	Country Telephone No.
3	% of benefit	Beneficiary's Surname	First Name	Initials	Relationship to Employee
	<input type="text"/> %				
Address		City	Prov./State	Postal/Zip Code	Country Telephone No.

D - Trustee/Administrator Clause

If designating a beneficiary who is a minor or who otherwise lacks legal capacity, you may wish to appoint a trustee/administrator by completing this section. This appointment may not be suitable for all purposes. **We recommend you consult with a legal advisor, and with any proposed trustee/administrator. Do not complete this section if you have made another trustee/administrator appointment.**

I hereby appoint the following trustee to receive and to hold in trust, on behalf of any beneficiary, money payable to the beneficiary under this group policy where, at the time payment is to be made, the beneficiary is a minor or otherwise lacks legal capacity. Any such payment, to its extent, will release the Insurance Company and Canada Post from further liability. The trustee shall act prudently and may use the money, including any returns on it or investments made, for the education and/or maintenance of the beneficiary. The trust will terminate once the beneficiary is of the age of majority and has legal capacity. At that time, the trustee shall deliver to the beneficiary all assets held in trust.

FOR QUEBEC ONLY

Where this appointment is governed by Quebec law, "trustee" shall be understood as "administrator", and their related terms and concepts understood accordingly. This appointment shall be interpreted in accordance with the provisions governing the administration of the property of others, under the Quebec Civil Code.

Trustee's/Administrator's Surname: _____ First Name: _____ Initials: _____

Relationship to Employee: _____

Address of Trustee: _____

City: _____ Prov.: _____ Postal Code: _____

Country: _____ Telephone No.: _____

E - Cancellation of Insurance - Retiree Only

I understand the Canada Post Paid Death Benefit coverage offered to me but decline to participate. I understand that I cannot rejoin the Plan at a later date.

Name of Witness (please print)

Address of Witness

Employee's Signature: _____ Year: _____ Month: _____ Day: _____

Witness' Signature - Other than the beneficiary (ies): _____ Year: _____ Month: _____ Day: _____

Prov.: _____ Postal Code: _____ Country: _____ Telephone No.: _____

F - Authorization and Protection of Personal Information

I hereby apply for coverage under the Canada Post Paid Death Benefit. I understand and agree that the personal information that you collect from me will be used to provide the group coverage and to administer the benefits. Access to this personal information is limited to those who require it to administer this benefit in the performance of their duties, those to whom I have granted access, and those authorized by law. I agree that a photocopy or electronic copy of this form is as valid as the original. I certify that the information given is true, correct and complete to the best of my knowledge.

Address of Witness

Employee's/Retiree's Signature: _____ Year: _____ Month: _____ Day: _____

Witness' Signature - Other than the beneficiary (ies): _____ Year: _____ Month: _____ Day: _____

Prov.: _____ Postal Code: _____ Country: _____ Telephone No.: _____

G - Office Use Only

Plan No.: _____ Effective Date of Coverage/Change: _____ Year: _____ Month: _____ Day: _____

Benefits Representative Name: _____ System Updated: _____ Year: _____ Month: _____ Day: _____