

CUPW

Life Insurance Plan

This life insurance plan is sponsored by your union, the Canadian Union of Postal Workers. It's not part of the benefits under your collective agreement. The company that looks after the plan is Coughlin & Associates Ltd.

This plan is called the CUPW Group Life Insurance Plan. It offers two types of insurance — basic and optional.

The Basic Life Insurance pays out benefits if you, your spouse, or your children die. The Basic Insurance is free of charge to all members in good standing of CUPW.

All Members In Good Standing are covered by the Basic Life Insurance Plan. You don't need to enrol to be covered, but you should fill out an application form.

The Optional Life Insurance is additional life insurance coverage that you can purchase to cover you and your family. You must enrol to be covered by the Optional Life Insurance. You pay monthly premiums for Optional Life Insurance.

The Optional Insurance pays out benefits if someone covered by the insurance has a major loss — such as of a limb or eyesight — as a result of an accident. It also pays out more money in the event of death than the Basic Insurance — just how much more depends on how much extra insurance you buy.

Why does CUPW offer life insurance? The Letter Carriers' Union of Canada offered life insurance coverage to its members for many years. After LCUC and CUPW merged in 1989, the new union expanded the coverage. Today, all Members In Good Standing have free Basic Life Insurance, no matter where they work. The life insurance coverage is one of the benefits of CUPW membership..

The insurance is paid for out of the CUPW Insurance Trust. The money paid by members who purchase Optional Life Insurance supplements the cost of Basic Life Insurance for all members. If there is a deficit, the Trust could decide to increase premiums.

Who is eligible for coverage under this plan? If you are a Member In Good Standing (MIGS) of the Canadian Union of Postal Workers you are eligible, as long as you have signed a CUPW membership card, pay union dues and are actively at work (or on an approved leave).

Members who are eligible for the plan include:

- regular (permanent) and temporary employees in the urban postal operations group
- Rural and Suburban Mail Carriers (RSMCs)
- members who work for private-sector employers represented by CUPW
- members who work for newly-unionized workplaces that don't have a collective agreement yet

CUPW members can lose their MIGS status for being three months or more behind in dues payments, or if they are suspended from the union for violating its constitution. Members who lose their MIGS status lose their CUPW life insurance coverage as well.

If you are a Member In Good Standing when you retire, you can continue your CUPW life insurance without paying union dues, subject to other plan requirements.

The CUPW Insurance Plan covers you, your spouse and children.

You need to put your **dependants** (*spouse & children*) on the Plan.

Your **spouse** is defined as

- *the person to whom you are married and with whom you live, or*
- *the person to whom you were (or are) legally married and whom you support, or*
- *the person with whom you have been living in a common-law relationship for at least one year*

Children includes dependent children under the age of 21. A child who is a full-time student is covered up to the age of 25, and there is no age limit for offspring who are disabled and unable to support themselves. Coverage by the CUPW Life Insurance applies even if the disability occurs after age 21, provided the child remains dependent on you for financial support.

Under this plan, a child must be at least 14 days old and cannot be a foster child.

When does coverage start? Basic Life Insurance coverage begins on the date you become a member of CUPW, providing you are actively at work.

Optional Life Insurance coverage begins on the first day of the month following the approval of your application by the insurance company.

When does coverage end? Coverage ends when the earliest of the following happens:

- you are no longer a member of CUPW or you lose your Member In Good Standing (MIGS) status
- your employment ends (unless you convert your group coverage to an individual policy)
- you take a job outside your CUPW bargaining unit, e.g., a temporary management position

- you are no longer an insurable employee (for example, you have attained age 70 and continue to work)
- you die

How do I sign up for the Basic Life Insurance? Even though you are automatically covered by the Basic Insurance, you should still fill out an application form. It's a good idea to fill out the application, to let the insurance company know whom you've chosen as your beneficiary.

The "CUPW identification number" requested on the form is the number on your CUPW membership card.

How do I sign up for the Optional Life Insurance? You must be a Member In Good Standing and actively at work (or on an approved leave) to apply for the Optional Life Insurance coverage.

To purchase Optional Life Insurance, you must fill out both sides of the Application for Group Life Insurance (Steps One to Five).

What expenses/services does this plan cover?

Free Basic coverage:

	Life Insurance	Accidental Death & Dismemberment	Total
Member	\$8,000	\$8,000	\$16,000
Spouse	\$4,000	0	\$4,000
Children	\$2,000	0	\$2,000

As the above chart shows, if you die as a result of an accident, the amount that your beneficiary can claim under the Basic Insurance doubles — from \$8,000 to \$16,000. This type of insurance is known as Accidental Death & Dismemberment (AD&D).

If you lose a limb or have some other kind of major loss (e.g., eyesight, hearing) as a result of an accident, you will receive a lump sum payment. In the event of death or other major loss due to an accident, the amount is 100% or \$16,000 — the full amount of the AD&D insurance.

Percentage of Accidental Death & Dismemberment insurance payable to CUPW member or beneficiary (\$16,000):

100%	for loss of	Life
100%	for loss of	Sight of both eyes
100%	for loss of	Both hands or both feet
100%	for loss of	One hand and one foot
100%	for loss of	One hand or one foot, and sight in one eye
100%	for loss of	Speech and hearing in both ears
100%	for loss of	Both arms or both legs
100%	for loss of	Both hands

100%	for loss of	One arm and one leg
100%	for loss of	One hand and one leg
75%	for loss of	One arm or one leg
50%	for loss of	One hand or one foot
50%	for loss of	Sight of one eye
50%	for loss of	Speech or hearing in both ears
25%	for loss of	Thumbs and index finger
25%	for loss of	Four fingers on the same hand
12.5%	for loss of	All toes of one foot

In the event of several losses resulting from one accident, you cannot claim more than the total \$16,000 of AD&D coverage. Also, if several losses happen to one limb as a result of one accident, you will be only paid for the loss providing the largest benefit amount.

Optional Life Insurance coverage: If you wish to purchase Optional Life Insurance, you must contact Coughlin & Associates.

You can buy additional coverage in units of \$25,000 up to a maximum of \$250,000. The \$250,000 coverage would provide \$500,000 in the event of an accidental death.

You can also insure children up to \$10,000 per child (including \$10,000 Accidental Death & Dismemberment coverage), provided either you or your spouse purchase additional coverage.

There are Monthly premiums for additional coverage. Premiums increase as you or your spouse move to the next age category. The rates are adjusted each January 1st.

Does my coverage continue when I am off work (on leave)? What about the optional premiums?

Basic coverage: If you work for a bargaining unit represented by CUPW and are a Member In Good Standing (MIGS), your Basic Insurance coverage continues when you are off work — as long you continue to be a Member In Good Standing. You maintain your MIGS status by paying your dues: talk to your local about how often you need to make dues payments.

If you are off work and experiencing financial hardship, you may be able to get your dues waived (i.e., be excused from paying them).

Optional coverage If you have Optional Life Insurance, you must continue paying premiums when you are on leave. If you are off work due to sickness or disability for more than six months, you can apply to get your Optional Insurance premiums waived.

If you pay your premiums through payroll deduction and have Optional Life Insurance, be sure to contact Coughlin & Associates to make arrangements to pay your premiums during any leave from work, paid or unpaid.

Are there special circumstances under which my coverage can continue?

When you retire... The amount of your Basic Life Insurance drops to \$1,000 when you retire and terminates when you turn 70. (Coverage for your spouse and children terminates when you retire.)

You can continue your Optional Life Insurance after retirement. Coverage continues to the January 1 after you turn 70.

If you take a medical retirement, your coverage will reduce to \$1,000 when you turn 65.

If you don't retire... Your Basic Life Insurance coverage continues as long as you are at work and are a Member In Good Standing, until you turn 70. (This is a change that came into effect in February 2005. Coverage used to end at age 65.)

Conversion... You can continue your Basic and Optional coverage after you quit or retire by converting your coverage to an individual policy and continuing to pay premiums. To qualify, you must have been covered by the insurance for at least five years and must make an application within 31 days after your group coverage terminates.

If you quit CPC... All your life insurance coverage stops when you stop working for a CUPW-represented employer. You can, however, convert your coverage to an individual policy.

Beneficiaries: You can leave your insurance money to family members, friends, charity, a combination of these things — or simply to your estate. Leaving it to your estate may seem like the easiest thing to do, but be aware that this option will create some extra hassles and expenses for whom ever handles your affairs after your death: it's best to choose a beneficiary (or beneficiaries). If you leave your insurance money to a child (or children), you may wish to appoint a trustee to look after the money until they turn 18. If you are unsure about any of this, you should consider getting legal advice.

There are two types of beneficiaries — **revocable** and **irrevocable**. On the Application for Group Life Insurance, you may name one or more "revocable" or "irrevocable" beneficiaries.

A revocable beneficiary can be changed at any time, by you. You change your beneficiary by filing out a Change of Beneficiary or Name Form

It is difficult — in some cases, impossible — to change an irrevocable beneficiary. Outside of Quebec, an irrevocable beneficiary can be changed only by the written consent of the beneficiary. Under Quebec law, like everywhere else, you can designate beneficiaries as revocable.

If you are a permanent employee in the Canada Post urban operations unit you are entitled to Canada Post's Basic Life Insurance Plan and, (when you turn 65), the CPC Death Benefit.

The Canada Post Basic Life Insurance Plan is different from the CUPW plan. See the Basic Life Insurance Plan and Canada Post Death Benefit information on this website.

If you have questions about CUPW Life Insurance you can contact Coughlin & Associates at:

Coughlin & Associates Ltd. CUPW Insurance Trust

**P.O. Box 3519, Station C
Ottawa, ON
K1Y 4G1**

Telephone: (613) 231-2266

Toll free: (888) 613-1234

Fax: (613) 231-2345

www.coughlin.ca/cupw

On the following pages you will find:

- 1) Application for CUPW Life Insurance Plan
"Free Basic Coverage" form
- 2) Application for CUPW Life Insurance Plan
"Additional Group Life Insurance Coverage" form



Application for **FREE** basic coverage

Side A



To receive **FREE** basic coverage
fill out Steps 1, 2 and 3

Or receive additional group life insurance coverage
fill out Steps 1, 2, 3, 4, 5 and 6 (on reverse)

MEMBER INFORMATION

STEP 1
Must fill
this in



This coverage is underwritten
by Sun Life Assurance Company
of Canada, a member of the Sun
Life Financial group of companies.

Policy #: 87032G

LAST NAME		FIRST NAME		INITIAL	
DATE OF BIRTH (y/m/d)		EMPLOYEE IDENTIFICATION NUMBER (Mandatory)		GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	
STREET ADDRESS		CITY		PROVINCE	
TELEPHONE (Home)		EMAIL ADDRESS (Home)		LANGUAGE <input type="checkbox"/> English <input type="checkbox"/> French	
TELEPHONE (Work)		EMAIL ADDRESS (Work)		POSTAL CODE	

BENEFICIARY DESIGNATION					
BENEFICIARY LAST NAME	FIRST NAME	INITIAL	DATE OF BIRTH (y/m/d)	RELATIONSHIP TO PLAN MEMBER	
BENEFICIARY LAST NAME	FIRST NAME	INITIAL	DATE OF BIRTH (y/m/d)	RELATIONSHIP TO PLAN MEMBER	

(The beneficiary for the spousal or children's coverage will be the member, if living, otherwise the member's estate.)

You must make your beneficiary designation *revocable* or *irrevocable* by checking one of the boxes below. You may change a revocable beneficiary designation at any time. You may not change an irrevocable beneficiary designation or make certain changes to your plan without the written consent of the irrevocable beneficiary.

Note: Where Quebec law applies and you have designated your married spouse or civil union spouse as beneficiary, the designation will be *irrevocable* unless you check the box marked "Revocable".

I hereby make the above beneficiary(ies) designation: Revocable Irrevocable

SPOUSAL INFORMATION (IF APPLICABLE)

STEP 2
Must fill
this in

LAST NAME		FIRST NAME		INITIAL	
DATE OF BIRTH (y/m/d)				GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	
CHILDREN'S COVERAGE					
CHILD'S NAME (LAST, FIRST)			DATE OF BIRTH (y/m/d)		
CHILD'S NAME (LAST, FIRST)			DATE OF BIRTH (y/m/d)		
CHILD'S NAME (LAST, FIRST)			DATE OF BIRTH (y/m/d)		
CHILD'S NAME (LAST, FIRST)			DATE OF BIRTH (y/m/d)		

AUTHORIZATION & DECLARATION

I **authorize** Coughlin to exchange my personal information with the following persons, organizations or parties; insurance companies and auditors; and Coughlin to use the personal information on file to provide me with additional information regarding any benefits to which I am entitled. When providing personal information for my spouse and/or dependants, I **confirm** that I am authorized to act on their behalf. I **agree** that a photocopy or electronic copy of this Authorization & Declaration section is as valid as the original. I **certify** that the information given is true, correct and complete to the best of my knowledge.

You must be authorized to disclose information about your spouse and dependants in order to enrol them in the plan. By enrolling in this plan, you authorize the following: Sun Life Assurance Company of Canada, its agents and service providers to use and exchange information collected in this form to underwrite, administer and adjudicate claims. Your plan sponsor and its administrator, Coughlin & Associates Ltd. to use the information collected in this form for benefits administration and to make any necessary payroll deductions which may be required. All information in this form is true and complete. A photocopy or electronic version of this authorization is as valid as the original.

STEP 3
Must sign
here

Member signature (for **FREE** coverage)

Date (y/m/d)

Spouse signature (for spouse's **FREE** coverage)

Date (y/m/d)

Protecting your personal information The administrator of your group benefits plan is Coughlin & Associates Ltd. At Coughlin, we recognize and respect every individual's right to privacy. When personal information is provided to us, we establish a confidential file that is kept in the offices of Coughlin, or the offices of an organization authorized by Coughlin. We use the information to administer the group benefits plan. We limit access to information in your file to Coughlin staff or persons authorized by Coughlin who require it to perform their duties, to persons to whom you have granted access, and to persons authorized by law.

COVERAGE SELECTION

STEP 4

Choose your coverage amount

In addition to the free basic insurance, please enrol me in the optional group term life and AD&D plan for the amount indicated in the box below:

FOR YOU
 \$25,000 \$50,000 \$75,000 \$100,000 \$125,000 \$150,000 \$175,000 \$200,000 \$225,000 \$250,000

FOR YOUR SPOUSE
 \$25,000 \$50,000 \$75,000 \$100,000 \$125,000 \$150,000 \$175,000 \$200,000 \$225,000 \$250,000

FOR YOUR CHILD(REN)
 \$10,000 I apply for coverage on my child(ren) in the amount of \$10,000 for each child and attest that he/she is in good health.

MEDICAL QUESTIONNAIRE

Member height	<input type="checkbox"/> ft./in. <input type="checkbox"/> cm	Spouse height	<input type="checkbox"/> ft./in. <input type="checkbox"/> cm
Member weight	<input type="checkbox"/> lbs. <input type="checkbox"/> kg	Spouse weight	<input type="checkbox"/> lbs. <input type="checkbox"/> kg

- Have you used tobacco products in the past 12 months? **Member** Yes No **Spouse** Yes No
- Within the past three years have you had an application for life or disability insurance declined or assessed at a rate higher than a standard premium rate? **Member** Yes No **Spouse** Yes No
- Within the past three years, have you i) received any treatment for? (including taking pills, injections or other medications); or ii) consulted a physician; or iii) been diagnosed as having:

	Member	Spouse	Member	Spouse
Acquired Immune Deficiency Syndrome (AIDS) or AIDS-related complex (ARC)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Kidney disorder?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
Any test indicating the presence of the HIV (AIDS) virus?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Psychiatric or psychological problems?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
Cancer?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Lung and/ or respiratory disorder?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
Diabetes?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Neurological disorder?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
High blood pressure?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Digestive disorder?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
Heart problems?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Chronic Fatigue Syndrome?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
Stroke?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Alcohol or drug abuse?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
Liver disorder?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Arthritis or back problems?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No

4. Within the past three years, have you been admitted or advised to be admitted as a patient in a hospital or clinic (except for pregnancy or birth) for longer than five consecutive days? **Member** Yes No **Spouse** Yes No

If "yes" to any answer, please provide details:

Member

Spouse

STEP 5

Must fill this in

AUTHORIZATION & DECLARATION

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STEP 6

Must sign here

Member signature (for *optional life* insurance coverage) _____ **Date**(y/m/d) _____

Spouse signature (for spouse's *optional life* insurance coverage) _____ **Date**(y/m/d) _____

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