

## Application Form CUPW Optional Life Insurance Coverage

**LIMITED TIME ONLY - NO EVIDENCE OF INSURABILITY REQUIRED - RETURN BY NOVEMBER 30, 2024**

**1 MEMBER INFORMATION**

LAST NAME		FIRST NAME		INITIAL	
DATE OF BIRTH (yyyy/mm/dd)	EMPLOYEE IDENTIFICATION NUMBER (Mandatory)		UNION ACTION CODE		SEX <input type="checkbox"/> Male <input type="checkbox"/> Female
STREET ADDRESS		CITY	PROVINCE		POSTAL CODE
TELEPHONE (Primary)	EMAIL ADDRESS		HAVE YOU USED TOBACCO PRODUCTS IN THE PAST 12 MONTHS? <input type="checkbox"/> Yes <input type="checkbox"/> No		

**2 BENEFICIARY DESIGNATION**

This designation applies to the following benefits. If you do not nominate a beneficiary, the life benefits payable under this plan will be paid to your estate:

- Employee Basic Life - 87032 - G
- Employee Optional Life - 87032 - G
- Employee AD&D - 87032 - G

BENEFICIARY LAST NAME		FIRST NAME		INITIAL	
DATE OF BIRTH (yyyy/mm/dd)	RELATIONSHIP TO PLAN MEMBER		%		
BENEFICIARY LAST NAME		FIRST NAME		INITIAL	
DATE OF BIRTH (yyyy/mm/dd)	RELATIONSHIP TO PLAN MEMBER		%		
BENEFICIARY LAST NAME		FIRST NAME		INITIAL	
DATE OF BIRTH (yyyy/mm/dd)	RELATIONSHIP TO PLAN MEMBER		%		

If you designate a minor as a beneficiary, please nominate a Trustee for said minor in the event payments become due before they reach the age of majority in their province of residence. Note: In Quebec, any amounts payable to a minor beneficiary will be paid to his/her parents or legal guardian on their behalf. Payment to the Trustee will discharge the company.

TRUSTEE LAST NAME		TRUSTEE FIRST NAME		RELATIONSHIP TO PLAN MEMBER	
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In Quebec, if you name your legal spouse (married or civil union) as the beneficiary, this beneficiary will be irrevocable unless you check the revocable box.  REVOCABLE BENEFICIARY  
If you do not nominate a beneficiary, the proceeds will be paid to your estate.  
This beneficiary declaration will supercede all previous nominations and will apply to both Basic Life Insurance and Optional Life Insurance policies issued by Sun Life on behalf of CUPW.

**3 COVERAGE FOR MEMBER - \$150,000\***  (YES, I WANT \$150,000 OF OPTIONAL LIFE INSURANCE COVERAGE FOR MYSELF)

The Monthly Premium Rates will increase to the next age band on January 1 following the attainment of a higher age range.

	MONTHLY PREMIUM RATES						
	Under Age 40	Age 40 - 44	Age 45 - 49	Age 50 - 54	Age 55 - 59	Age 60 - 64	Age 65 - 70
Male, non-smoker	\$13.80	\$20.10	\$39.30	\$69.00	\$126.00	\$183.00	\$268.08
Male, smoker	\$26.40	\$43.50	\$79.20	\$138.30	\$232.50	\$318.90	\$523.38
Female, non-smoker	\$11.70	\$20.10	\$35.10	\$56.10	\$89.70	\$119.10	\$170.40
Female, smoker	\$21.90	\$30.60	\$56.10	\$92.10	\$138.60	\$178.20	\$277.20

**4 SPOUSAL INFORMATION (IF SELECTING OPTIONAL COVERAGE FOR SPOUSE ONLY)**

LAST NAME		FIRST NAME		INITIAL	
DATE OF BIRTH (yyyy/mm/dd)	HAS YOUR SPOUSE USED TOBACCO PRODUCTS IN THE PAST 12 MONTHS? <input type="checkbox"/> Yes <input type="checkbox"/> No		SEX <input type="checkbox"/> Male <input type="checkbox"/> Female		

Disclaimer: If spousal coverage is selected, the Member will be named the automatic beneficiary.

**5 COVERAGE FOR SPOUSE - \$50,000\***  (YES, I WANT \$50,000 OF OPTIONAL LIFE INSURANCE COVERAGE FOR MY SPOUSE)

The Monthly Premium Rates will increase to the next age band on January 1 following the attainment of a higher age range.

	MONTHLY PREMIUM RATES						
	Under Age 40	Age 40 - 44	Age 45 - 49	Age 50 - 54	Age 55 - 59	Age 60 - 64	Age 65 - 70
Male, non-smoker	\$4.60	\$6.70	\$13.10	\$23.00	\$42.00	\$61.00	\$89.36
Male, smoker	\$8.80	\$14.50	\$26.40	\$46.10	\$77.50	\$106.30	\$174.46
Female, non-smoker	\$3.90	\$6.70	\$11.70	\$18.70	\$29.90	\$39.70	\$56.80
Female, smoker	\$7.30	\$10.20	\$18.70	\$30.70	\$46.20	\$59.40	\$92.40

**6 AGREEMENT AND AUTHORIZATION TO COLLECT, USE, AND DISCLOSE PERSONAL INFORMATION**

**Agreement and Authorization.** By signing this form:

- You are applying for coverage under the plan sponsor's group insurance plan ("Plan"), and you authorize the required deductions from your salary or wages for any contribution you must make toward the cost of the benefits for which you are enrolled, if any, in accordance with the provisions of the Plan.
- You authorize us, Coughlin & Associates Ltd. ("Plan Administrator"), a People Corporation company, to use and disclose the information you provide in this form as described below. You also agree to notify us immediately of any changes to the information you provide in this form.
- You certify that the information you have provided is true, correct, and complete to the best of your knowledge and you certify that, if you have provided information about a spouse, dependant child, beneficiary, or trustee, you are authorized to provide such information and have obtained such consents as are required for us to use and disclose such information as set out herein. You agree that a photocopy or electronic copy of your signed form is as valid as the original.

**Use of personal information.**

- We use and disclose your plan member information to:
  - Determine your, your spouse's, and your dependant children's eligibility for benefits under the Plan, arrange for your benefits under the Plan, administer the Plan and your participation in the Plan, audit, manage, and assess the Plan and your benefit claims, investigate your claims, pay benefits to you, and comply with regulatory requirements, and for analytical purposes.
  - Verify your identity and conduct searches to locate you, or your beneficiaries.
  - Respond to questions about the Plan and benefits under the Plan.
- We use and disclose personal information and, if applicable, personal health information for actuarial valuation of the Plan and benefits, to determine eligibility of dependant children for benefits, and when necessary to verify identity.

If you are required to participate in the Plan, you may not withdraw your consent for this use and disclosure of personal information for mandatory benefits. If you withdraw your consent for any optional benefits, then you may no longer be enrolled for those benefits.

**Use of optional personal information.** If you provide any of the information described below, you may withdraw your consent for us to use and disclose this information by sending your request in writing to the Plan Administrator or our Privacy Officer using the contact information below.

- If you provide beneficiary information, any benefits paid on your death that are not required to be paid to your spouse, will be paid to the specified beneficiaries. If you do not provide the beneficiary information, the death benefits will be paid to your estate.
- If you designate a beneficiary who is under the age of 18, and this beneficiary becomes entitled to receive a benefit under the Plan upon your death, then we will pay this benefit in trust to the trustee you identify.
- If you provide your banking information as related to any optional life insurance coverage, such information will be used to pay for the premiums associated with such coverage.

**Disclosing personal information.** The information provided in this form may be disclosed, when necessary, to:

- Our and our affiliates' employees, contractors, and professional advisors who require the information to perform their duties related to the uses of personal information described above.
- Service providers we retain to assist us with our obligations related to the Plan, which may include security of information, data processing, claim processing, fraud monitoring, backup and programming, mailing, and people locating. Service providers may be located within or outside of Canada and the information may be subject to disclosure to government authorities.
- Persons you authorize to access this information.
- Persons legally authorized to view this information.
- The financial institution(s) related to your banking information, government agencies, actuaries, insurance companies and their reinsurers and service providers, your employer, Plan trustees and union, and auditors.

**Optional Communications**

By checking this box, you consent to receive electronic communications about our other products and services or products and services of our affiliates and service providers.

**I certify or confirm that I am actively at work and a member in good standing with CUPW on the date this application is signed.**

Member signature (for CUPW Optional Life Insurance coverage)

Date (yyyy/mm/dd)

Spouse signature (for spouse's CUPW Optional Life Insurance coverage)

Date (yyyy/mm/dd)

\*If this is your or your spouse's first application for Sun Life's optional coverage, then we do not require information about your health at the time of application. If you previously applied for optional coverage and your application was declined, then you can still re-apply but we will require information about your health.

# Critical Illness Insurance

NOW INCLUDED WITH

## Optional Life Insurance Coverage

Members insured with CUPW Optional Life Insurance are automatically eligible to receive \$5,000 of Critical Illness Insurance for themselves and their spouses at no extra cost.

This critical illness coverage is offered **AT NO EXTRA COST** and provides you and your spouse with a lump sum payment of up to \$5,000 on the confirmed physician's diagnosis of any one of the following medical conditions:

- aortic surgery
- aplastic anemia
- bacterial meningitis
- benign brain tumour
- blindness
- cancer (life-threatening)
- coma
- coronary artery bypass surgery
- deafness
- dementia, including Alzheimer's disease
- heart attack
- heart valve replacement or repair
- kidney failure
- loss of independent existence
- loss of limbs
- loss of speech
- major organ failure on waiting list
- major organ transplant
- motor neuron disease
- multiple sclerosis
- occupational HIV infection
- paralysis
- Parkinson's disease and specified atypical parkinsonian disorders
- severe burns
- stroke

See Sun Life Financial's "**Need to know - Critical Illness Insurance**" flyer for full definitions of covered conditions, available for download at:  
[www.coughlin.ca/cupw/pdf/NeedToKnow\\_CriticalIllness\\_ENG.pdf](http://www.coughlin.ca/cupw/pdf/NeedToKnow_CriticalIllness_ENG.pdf)



**Protecting your personal information.** We recognize and respect your right to privacy. When personal information is provided to us, we establish a confidential file that is kept in our facilities or in the facilities of an organization that we authorize. We limit access to information in your file to our personnel or other persons we authorize, who require the information to perform their duties with respect to the Plan, to persons to whom you have granted access, and to persons authorized by law. If you require more detail about how we protect your personal information or the other persons to whom we disclose your personal information, you may access our Privacy Policy at <https://www.peoplecorporation.com/privacy/> or contact our privacy officer by mail sent to Coughlin & Associates Ltd., 1403 Kenaston Blvd., Winnipeg, MB, R3P 2T5, or by email sent to [privacy.officer@peoplecorporation.com](mailto:privacy.officer@peoplecorporation.com).