CATCA PLAN+

OPTIONAL GROUP LIFE INSURANCE

CANADA LIFE POLICY: 138020 | CHUBB POLICY: OE10373701 and CI10373701

Application for optional group term life insurance

Member Information

PRI # Language: ❑ English ❑ French

Last name

First name Initial

Date of birth Sex ❑ Male ❑ Female
(YYYY/MM/DD)

Address

City Province

Postal code Telephone

E-mail

Legal Souse/Common-law Partner (if applicable)

Member PRI #

Member last name

Member first name

Spouse last name

Spouse first name Initial

Date of birth Sex ❑ Male ❑ Female
(YYYY/MM/DD)

Telephone

E-mail

Children's Coverage (if applicable)

I apply for coverage on my child(ren) in the amount of $5,000 for each child and attest that they are in good health.

Last name First name Date of birth
(YYYY/MM/DD)

Last name First name Date of birth
(YYYY/MM/DD)

Total Coverage Requested

(Indicate the total life insurance coverage required in the space provided. Coverage must be in units of $10,000 to a maximum of $500,000)

Member coverage: $ **Spouse coverage: $**

Member's Beneficiary Designation

Last name First name Date of birth
(YYYY/MM/DD)

Address Relationship

The beneficiary for the spouse/child coverage will be the member, if living, otherwise the member's estate. Where the Civil Code of Quebec applies, any designation of a legal spouse (married or civil union) as beneficiary is irrevocable unless you make the designation revocable by checking the box marked "revocable".

I hearby make the designation: ❑ Revocable ❑ Irrevocable

Monthly premium rates*

The following are the monthly premium rates for each $10,000 unit of Life Insurance coverage. The maximum Life Insurance coverage available is $500,000 for members and $500,000 for spouses and includes Accidental Death & Dismemberment coverage in equal amounts plus a flat $10,000 of Member Critical Illness coverage up to age 65 at no extra cost. Premiums are based on age, sex, and smoking status of the applicant. Members also have the option to pay a single additional monthly premium of $0.65 to cover all eligible dependent children, providing a benefit of $5,000 of Life Insurance coverage for each child.

**** Rates will increase to the next age band on February 1st following the attainment of a higher age range.***

Age	Under age 34	35-39	40-44	45-49	50-54	55-59	60-64	65-69
Male non-smoker	$0.50	$0.50	$0.85	$1.56	$2.83	$4.33	$6.31	$8.72
Male smoker	$0.71	$0.71	$1.28	$2.13	$4.33	$6.31	$11.05	$14.53
Female non-smoker	$0.43	$0.43	$0.71	$1.21	$1.92	$3.05	$4.11	$5.46
Female smoker	$0.50	$0.50	$0.85	$1.42	$3.12	$4.75	$6.17	$8.01

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Medical questionnaire

Genetic Non-Discrimination Act
You should not tell us about any genetic test (that is, any analysis of DNA or RNA chromosomes) which you may have had done. However, you must tell us if you're having treatment for or experiencing symptoms of a genetic condition. You will be asked to provide us with full information about your family history, including all genetic conditions.

If you answer 'yes' to any of the health questions, Canada Life will require more information to assess your application. In this case, a representative of Canada Life will contact you to complete a health assessment.

1. What is your **current** height and weight? *We need an accurate current measure, not an estimate.*	Height Member _____ ❑ feet/inches ❑ m/cm Spouse _____ ❑ feet/inches ❑ m/cm	Weight Member _____ ❑ pounds ❑ kg Spouse _____ ❑ pounds ❑ kg

	Yes	No
2. Have you **ever** been treated for, or had any known indication of: • Conditions or issues affecting your heart, blood, circulation, high blood pressure, high cholesterol, immune system such as HIV or AIDS, breathing such as tuberculosis, emphysema, COPD, sleep apnea or asthma (excluding non-smokers with mild/seasonal asthma), or any other lung or respiratory problems • Conditions, issues or injuries affecting your brain or nervous system, such as aneurysm, stroke, concussion, epilepsy, seizures, numbness, multiple sclerosis, ALS, Huntington's, Parkinson's • Conditions or issues affecting your esophagus, stomach, pancreas, liver, gall bladder or bile duct, intestine, colon (such as Crohn's disease or colitis), bladder (excluding resolved bladder infections), kidneys, prostate or reproductive system • Loss of speech, loss of sight, loss of hearing or any condition affecting your eyes or ears *You do not need to tell us about ear tubes, vision corrected with eye glasses/contact lenses or minor infections which have completely resolved* • Any form of cancer, tumor (benign or malignant), diabetes, abnormal blood sugar or sugar in the urine, hepatitis, or lupus • Any bone, joint, muscle or skin condition, such as arthritis, psoriasis, ankylosing spondylitis or back pain, that **ever** require(d) medication or treatment *You do not need to tell us about a muscle or bone injury, or minor infection, from which you have completely recovered* • Any conditions or issues affecting your behaviour or mental health, such as anorexia nervosa, bulimia, depression, bipolar disorder, self-harm, schizophrenia, stress, or anxiety, requiring medication, treatment or time off work/school		
	Member	❑	❑
	Spouse	❑	❑
3. Other than for a regularly scheduled physical or routine check-up, are you **currently** undergoing or awaiting any consultations or exams, or recommended, scheduled or pending tests or test results, treatment or procedures, including surgery, for any health issues, symptoms or conditions? *Other than an uncomplicated pregnancy, vasectomy, dental surgery, cosmetic surgery or a muscle/joint or bone injury which you have fully recovered from, this includes (but is not limited to): biopsies, ECGs, x-rays, CT scans, MRIs, blood tests, ultrasounds, endoscopies, colonoscopies, pap tests, mammograms.*		
	Member	❑	❑
	Spouse	❑	❑
4. Do any of your immediate biological family members (parents, siblings, children), suffer or have suffered from any of the following: • Blindness • Cancer • Cardiomyopathy • Dementia (including Alzheimer's disease) • Diabetes • Heart Disease • Huntington's chorea • Motor Neuron disease (including ALS or Lou Gehrig's disease) • Multiple Sclerosis • Parkinson's Disease • Polycystic Kidney disease (or any kidney failure requiring dialysis) • Stroke • and/or any other **hereditary** medical condition		
	Member	❑	❑
	Spouse	❑	❑
5. In the **past 12 months**, have you used any form of tobacco, nicotine products or nicotine substitute? *This includes: cigarettes, e-cigarettes/vaporizers, cigarillos, pipe, cigars, chewing tobacco, nicotine patch and/or gum, hookah/shisha, or such products in any other form.*		
	Member	❑	❑
	Spouse	❑	❑
6. In the **past 10 years,** have you used any recreational drug(s) or narcotic(s) (including cannabis), or had any issues with excessive alcohol use including being advised to stop or reduce your consumption?		
	Member	❑	❑
	Spouse	❑	❑
7. In the **past 2 years**, have you engaged in any high-risk activities, or do you plan to do so in the **next 12 months**? *Examples include: aviation (pilot or crew member), boxing, ballooning, bungee jumping, hang gliding, heli skiing/snowboarding, motorized racing (car, motorcycle, boat, snowmobile, etc.), rock/ice climbing, scuba diving, skydiving or other parachute jumping, or white water rafting.*		
	Member	❑	❑
	Spouse	❑	❑

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Acknowledgement

I confirm that I am an actively employed member of the Canadian Air Traffic Control Association (CATCA), or spouse of same, and hereby request the insurance offered by CATCA.

I AUTHORIZE: Coughlin the use of my personal information for the purposes of government reporting, identification and administration of my group benefits; Coughlin to exchange my personal information with the following persons, organizations or parties: Health care providers; companies affiliated with Coughlin; financial institutions; government agencies; insurance companies; employers or former employers; my local union or plan trustees 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 Authorizations & Questionnaire section is as valid as the original. I certify that the information given is true, correct and complete to the best of my knowledge.
The foregoing information will be used by Canada Life to determine your insurability and to provide benefits under this plan.

I AUTHORIZE: Canada Life, any health care provider, my plan administrator, other insurance companies, the Medical Information Bureau, other organizations, or benefit service providers working with Canada Life to exchange information, when necessary, to determine my insurability and to administer the group benefit plan: Canada Life to perform tests, examinations, blood profiles and urinalysis tests as may be required to determine my insurability in connection with this application.

I CERTIFY OR CONFIRM THAT: I am an actively employed member of the Canadian Air Traffic Control Association, or spouse of same, on the date this application is signed; I have read and agree with the Important Notice describing the procedures of the Medical Information Bureau; I have retained a copy of this application; If applying for coverage for dependants, I am authorized to act on their behalf; A photocopy or an electronic copy of this authorization is as valid as the original. The statements and answers on this form will be used to determine your insurability and to provide benefits under this plan. Any changes in the accuracy of any of the statements and answers on the form between the date this form is signed, and the date Canada Life makes a decision must be reported to Canada Life. I understand that if I fail to do so, any coverage granted may be void. I declare that to the best of my knowledge, all of the above answers to the questions are complete and true. I understand that if any answer is incomplete or false, any coverage granted may be void. I understand that I may be refused coverage for all or part of any benefit if, in the opinion of Canada Life, I am not insurable for all or part of that benefit.

For Quebec applicants: I request that all communication and documents be in English. Je demande à ce que toutes les communications et tous les documents soient en anglais.

Authorization and declaration

The foregoing information will be used by Canada Life to determine your insurability and to provide benefits under this plan.

I authorize: Canada Life, any health care provider, my plan administrator, other insurance companies, the Medical Information Bureau, other organizations, or benefit service providers working with Canada Life to exchange information, when necessary to determine my insurability and to administer the group benefit plan and Canada Life to perform tests, examinations, blood profiles and urinalysis tests as may be required to determine my insurability in connection with this application.

I authorize:
- Canada Life to release my medical records to the regular healthcare provider or clinic named in this application including any test results that may be obtained during the application process;
- Canada Life to communicate with me about this application with electronic messages, using either the mobile number or the email address I have provided;
- My plan sponsor to deduct from my pay and remit to Canada Life the plan member contributions required under the plan, if applicable.

I certify or confirm that: I am a member in good standing or staff of CATCA, or spouse of same, the date this application is signed; I have read and agree with the Important Notice describing the procedures of the Medical Information Bureau; I have retained a copy of this application.
If applying for coverage for dependants, I am authorized to act on their behalf; a photocopy or an electronic copy of this authorization is as valid as the original.

The statements and answers on this form will be used to determine your insurability and to provide benefits under this plan. Any changes in the accuracy of any of the statements and answers on the form between the date this form is signed, and the date Canada Life makes a decision must be reported to Canada Life. I understand that if I fail to do so, any coverage granted may be void.

I declare that to the best of my knowledge, all of the above answers to the questions are complete and true. I understand that if any answer is incomplete or false, any coverage granted may be void. I understand that I may be refused coverage for all or part of any benefit if, in the opinion of Canada Life, I am not insurable for all or part of that benefit.

For Québec applicants: I request that all communication and documents be in English. Je demande à ce que toutes les communications et tous les documents soient en anglais.

Member signature *(Mandatory)* Date

(YYYY/MM/DD)

Spouse signature *(For spousal coverage only)* Date

(YYYY/MM/DD)

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Protecting your personal information. At Canada Life, we're committed to protecting personal information and respecting your privacy. Personal information is information that on its own or combined with other information allows an individual to be identified. This includes your name and address, as well as more sensitive information such as your health and financial records. When applicable, this includes information about other people such as your spouse, common-law partner, and children.

How we use your personal information. Your personal information is used to provide you with products and services and to improve our business operations. This includes verifying your identity, maintaining your profile, and informing you about features of the products you already have with us. It's also used to provide you with advice, evaluate your eligibility for products, price our products, collect feedback on our customer service, process claims and other financial transactions, protect you and us from risks such as cyber threats and fraud, and comply with legal obligations. If you provided your social insurance number (SIN), we'll use it for tax reporting. Your SIN is also used to link your products together and to keep your information separate from other customers with similar names.

Who we share personal information with. We share your personal information with other people and organizations who help us administer your products and provide you with services. This may include your advisor or people who work with your advisor, our Canadian subsidiaries, and other organizations that provide us services such as paramedical examiners, medical laboratories, MIB, LLC., specialty coverage providers, independent medical examiners, and pharmacy benefits managers. As well, we may share your information with claims assessors, travel assistance providers, technology suppliers, other insurance or reinsurance companies, other financial institutions, and credit reporting agencies. As part of our day-to-day business, your personal information may be communicated to government departments and agencies and may be communicated outside your province of residence or outside Canada. We take protecting your personal information seriously and we'll never sell your personal information to anyone.

You're in control of your personal information. We respect your privacy preferences and follow them when using your personal information. At any point in your relationship with us, you can choose how your personal information is used by updating your privacy preferences through your online account or by submitting a request through our privacy centre at canadalife.com/privacy. This includes choosing whether you receive customer experience surveys, the use of your SIN for non-tax reporting purposes, and whether and how you want to receive information and offers from Canada Life using the personal information we collect from you throughout your relationship with us. You can also exercise other privacy rights through our privacy centre such as access to or correction of your personal information.
If you choose to remove your consent to the collection, use and disclosure of the personal information required to serve you and meet our legal obligations, we may not be able to continue to provide you with products and services.
Want to learn more? Please visit canadalife.com/privacy.