



CANADIAN MERCHANT SERVICE GUILD

Request for optional life insurance coverage form



COMPLETE THIS FORM IN BLOCK LETTERS USING INK. FORMS WITH PENCIL WILL NOT BE ACCEPTED.

A. EMPLOYER INFORMATION

Employer's name Policy No. 52300 Class

B. MEMBER INFORMATION (PLEASE PRINT IN BLOCK LETTERS)

Last name First name Member ID number

Address City Province Postal code

Home phone number ( ) Work phone number ( )

Preferred language English or French Gender Male Female Date of birth (yyyy/mm/dd)

Occupation

Spouse

Last name First name

Gender Male Female Date of birth (yyyy/mm/dd)

C. REQUEST FOR OPTIONAL LIFE AND AD&D COVERAGE FOR MEMBER AND SPOUSE

Optional life rate table

The following are the monthly premiums for each \$10,000 unit of coverage. The maximum coverage available is \$300,000 for members and \$250,000 for spouses. Premiums are based on your age, gender and smoking habits.

Age	Male Non-smoker	Male Smoker	Female Non-Smoker	Female Smoker
under 30	\$0.51	\$0.79	\$0.37	\$0.56
30-34	\$0.56	\$0.88	\$0.42	\$0.65
35-39	\$0.65	\$1.11	\$0.46	\$0.83
40-44	\$1.02	\$1.85	\$0.69	\$1.25
45-49	\$1.76	\$3.24	\$1.11	\$2.08
50-54	\$2.96	\$5.32	\$1.85	\$3.24
55-59	\$5.00	\$8.79	\$2.96	\$4.95
60-64	\$7.68	\$12.72	\$4.44	\$6.85
65 and over	\$13.64	\$18.27	\$7.63	\$10.68

Optional life insurance coverage requested

Member	Spouse
Applying for \$	Applying for \$

Optional accidental death and dismemberment coverage requested

Member	Spouse
Applying for \$	Applying for \$

The maximum coverage available is \$300,000 for members, \$250,000 for spouses at a rate of \$0.40 per \$10,000 of coverage.

D. REQUEST FOR OPTIONAL LIFE AND AD&D COVERAGE FOR DEPENDANT CHILD(REN)

Optional life insurance

(See definition of child on the other side). \$0.50 per child for maximum coverage of \$10,000 per child.

Optional accidental death and dismemberment

The maximum coverage available is \$10,000 per child at a rate of \$0.40 per \$10,000 of coverage.

CHILD(REN)	ADDITIONAL COVERAGE REQUESTED	Optional life	Optional accidental death and dismemberment
Last name First name		YES NO	YES NO
Gender Male Female	Date of birth (yyyy/mm/dd)		
Last name First name		YES NO	YES NO
Gender Male Female	Date of birth (yyyy/mm/dd)		

For additional children, please write and attach the information on a separate sheet of paper.



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### E. SMOKING HABITS

**MEMBER**      ☐ Smoker      ☐ Non-smoker      **SPOUSE**      ☐ Smoker      ☐ Non-smoker

“I declare that I do not smoke and have not smoked any tobacco products such as cigarettes, cigars, cigarillos or pipes, or any drugs during the past 12 months. This statement is an affirmative guarantee on my part.” It is understood that the insurer may periodically require confirmation of non-smoker status. The participant must be in a position to meet the requirements then in force and return the confirmation within 30 days of the request, failing which the participant shall lose non-smoker status and the associated premium reduction shall cease to apply as of the date of the insurer’s request. “I also acknowledge that a false or incomplete statement may cause the coverage to be null and void.”

**Member signature**      **Spouse signature**

### F. BENEFICIARY DESIGNATION

**Name** (Please print)      **Date of birth** (yyyy/mm/dd)      **Relationship**

The beneficiary for the spouse’s or child’s coverage will be the member, if living, otherwise the member’s estate. Where Quebec law applies, a spouse beneficiary is irrevocable (cannot be changed) unless you make the designation revocable by checking here:      ☐ revocable

### G. MEMBER AUTHORIZATION

**I declare** that the statements I have made on this form are true and complete. I understand that if any statement is incomplete or false and/or if I do not abide by the terms and conditions as set forth in the insurance policy and/or this application for insurance, my benefits may be terminated.

**I certify** that I am authorized to disclose and receive information about my spouse and/or my dependants.

**I hereby** authorize Coughlin & Associates Ltd. as the administrator of my group insurance plan and the insurer, the SSQ Financial Group, to receive and maintain a record of the personal health information and claims history for myself and my dependants, and of my social insurance number (where applicable) and use such information to:

- a) verify eligibility & identify myself and/or my dependants;
- b) ensure my benefits are paid in accordance with the policy provisions;
- c) protect the plan from undue expenses due to error or fraud;
- d) allow the plan to audit, review and analyze claims trends as required.

**I understand** that Coughlin & Associates Ltd. shall have the right to recover from myself and/or my dependants any payments made in error or as a result of fraud, as well as any costs related directly to the recovery of such funds.

**I understand** that if I waive benefits now and wish to reinstate my benefits in the future, I will be required to provide at my expense, satisfactory evidence of insurability and subject to the sole discretion of SSQ Financial Group my benefits may be reinstated.

#### Child

The participant’s child, his spouse’s child, or a child born of their union. This definition also includes a legally adopted child or a child for whom the participant or his spouse exercises parental authority, or would exercise if a minor, and whom the participant or his spouse supports. The child must be unmarried, not employed on a regular and full time basis, and:

- under age 21 (or 22 for ULS Engineers and Electricians); or

- age 21 or over (or 22 for ULS Engineers and Electricians) and a full-time student in an accredited educational institution, subject to proof deemed satisfactory by the administrator. However, a full-time student who reaches age 25 is no longer considered as a child for optional benefits and therefore, coverage terminates at the student’s 25th birthday; or
- any age, if suffering from a severe, incurable and chronic physical or mental disability. The disability must occur while the child still meets the definitions of a child indicated above. This disability renders the child incapable of pursuing gainful employment. Sufficient medical evidence must be provided and deemed satisfactory by the administrator.

#### Spouse

For the purposes of the present policy, the spouse is the person who:

- is married to the participant through a civil union or other legally recognized marriage; or
- has been living common-law with the participant for at least 12 months and has been designated in writing to the administrator as the participant’s spouse.

The status of spouse ends when:

- the participant and this person divorce or their marriage or civil union is annulled or dissolved; or
- in the case of a common-law union, the participant and this person separate.

In the case of more than one spouse, only the last person designated as such in writing to the administrator by the participant will be recognized as the insured spouse.

#### Pre-authorized payment plan available

Your CMSG *Optional Group Insurance Plan* will become effective when the SSQ Financial Group approves your application for insurance. For your convenience, premiums can be deducted automatically from your bank account on a monthly basis. To enrol in the pre-authorized payment plan, contact Coughlin & Associates Ltd. at 613-231-2266, or toll-free 1-800-668-9819.

**Name** (Please print)      **Signature**

**Date signed** (yyyy/mm/dd)

**NOTE:** Upon processing this application, the insurer, SSQ Financial Group, may contact you to obtain additional medical information or schedule a medical exam, if required.