

Application Form CUPW Optional Life Insurance Coverage

LIMITED TIME ONLY - NO EVIDENCE OF INSURABILITY REQUIRED - RETURN BY APRIL 30th, 2020

1 MEMBER INFORMATION

LAST NAME		FIRST NAME		INITIAL
DATE OF BIRTH (y/m/d)	EMPLOYEE IDENTIFICATION NUMBER (Mandatory)			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

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			%
BENEFICIARY LAST NAME		FIRST NAME		INITIAL
DATE OF BIRTH (y/m/d)	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

\$100,000* (YES, I WANT THE FIRST \$100,000 OF OPTIONAL LIFE INSURANCE COVERAGE FOR MYSELF)

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	\$9.20	\$13.40	\$26.20	\$46.00	\$84.00	\$122.00	\$178.72
Male, smoker	\$17.60	\$29.00	\$52.80	\$92.90	\$155.00	\$212.60	\$348.92
Female, non-smoker	\$7.80	\$13.40	\$23.40	\$37.40	\$59.80	\$79.40	\$113.60
Female, smoker	\$14.60	\$20.40	\$37.40	\$61.40	\$92.40	\$118.80	\$184.80

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

LAST NAME		FIRST NAME		INITIAL
DATE OF BIRTH (y/m/d)	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 THE FIRST \$50,000 OF OPTIONAL LIFE INSURANCE COVERAGE FOR MY SPOUSE)

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 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 dependents, 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 to the best of my knowledge.

You must be authorized to disclose information about your spouse and dependents 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 collect, use and disclose 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.



Member signature (for CUPW Optional Life Insurance coverage)

Date (y/m/d)

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

Date (y/m/d)

Group benefits are underwritten by Sun Life Assurance Company of Canada, a member of the Sun Life group of companies.

Policy #: 87032G

*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

*Policy terminates at age 65.

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

