

APPLICATION FORM FOR THE ASSUREQ GROUP INSURANCE PLAN

P.O. Box 10500, Station Sainte-Fov. Quebec OC G1V 4H6

Last Name	First Name		Social Insurance Number
Number Street			Telephone No. (home)
City Province Postal		Postal Code	Other Telephone No.
•			
Date of Birth Date of beg	inning of disability	Sex	Language Preference
Y M D the end of y and you are	pplying following our waiver of premiums Y M no longer employed) L L L L		Fr. Eng.
Employer at the time of retirement			Date of Retirement
			Y M D
I am covered by an SSQ group insurance plan until my retirement date: Yes \square No \square			CSQ structural unit
			Teacher \Box
11			Professional
If so, my SSQ contract number is:	Support staff Other		
			outer 🗀
2 APPLICATION			
Plan A Health insurance - COMPU	LSORY (see note 1 on reverse)		
Please indicate your choices for the pla	an and coverage status or check the exemp	tion box.	
Plan: Health	or Health Plus		
Coverage status: Individual \Box	or Single-Parent \square or	Family \square	
Exemption: \square (complete section 3)			
Plan B Life insurance - OPTIONAL	(see note 2 on reverse)		
	ect a Participant's life insurance option and	complete section 4.	
Participant's life insurance: Option 1		or Option 3	
·	'	or option 5 🗆	
Snouse's and dependent children's life	insurance.		
Spouse's and dependent children's life			
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3 EXEMPTION	in Plan A Health insurance only if you are co	vered under another group i	nsurance plan offering similar coverage
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3 EXEMPTION You can be exempted from participating	oviding coverage		
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4 DESIGNATION OF BENEFICIARY (Complete only if you wish to apply for Plan B - Life insurance) You **must** designate a beneficiary: my estate or designated beneficiary(ies)* If you selected "designated beneficiary(ies)," please **answer** the following questions: 1) Beneficiary name(s): 2) Relation: Legal spouse Common-law spouse Legal spouse and son(s)/daughter(s) Common-law spouse and son(s)/daughter(s) ☐ Son(s)/daughter(s) ☐ Father/mother ☐ Brother(s)/sister(s) Other _ 3) Status*: Revocable (can be changed at any time) Irrevocable (can be changed only with written consent from the irrevocable beneficiary[ies]) * In Quebec, if no status is chosen, the legal spouse will be designated the irrevocable beneficiary, and any other beneficiary designated will be given revocable status. **5 SIGNATURES** I, the undersigned, am applying for the ASSUREQ plan and I authorize SSQ, Life Insurance Company Inc. to use the information provided in this application, including my Social Insurance Number, for administrative purposes. I have read the notice on reverse concerning the file and personal information and will keep a copy of this form. Reserved for ASSUREQ PARTICIPANT ASSUREQ REPRESENTATIVE **6 METHOD OF PAYMENT** Please **indicate** your preferred method of payment (A, B, or C). A) Retraite Ouébec: I authorize Retraite Ouébec to deduct the group insurance premiums from my monthly pension amount. B) Quarterly billing C) Monthly preauthorized debit payments (complete section 7) 7 PERSONAL PREAUTHORIZED DEBIT (PAD) PAYMENTS (Complete only if you selected monthly preauthorized debit payments in section 6 C) I hereby authorize SSQ, Life Insurance Company Inc. to withdraw the amount of my variable monthly insurance premiums from my account on the first business day of each month. In addition, I acknowledge that SSQ, Life Insurance Company Inc. reserves the right to charge an additional fee in the event that this preauthorized debit (PAD) payment cannot be made as stipulated in the present agreement. In such a case, I will receive a notice confirming any changes made to my next PAD payment. **Account Information** Name of Financial Institution I authorize my financial institution to withdraw this amount from my account. This authorization may be revoked at any time upon my written notice. Such a notice must be sent to SSQ 30 calendar days prior to the next scheduled payment. I understand that I have certain rights to recourse should any PAD payment not comply with this preauthorization agreement. For example, I am entitled to receive reimbursement of all unauthorized PADs or those that are not in compliance with this PAD agreement. For more information about my right to recourse, on how to obtain a sample cancellation form or any other information on my right to cancel a PAD agreement, I may contact my financial institution or visit the CPA's website at www.cdnpav.ca. **Signature** (same one you use to sign your cheques) N.B. For joint accounts requiring more than one signature, all account holders must sign here. For SSQ use only: Important: Please ENCLOSE a personal cheque specimen marked "VOID." 8 SECTION SSQ N° certificat En vigueur Classe N° groupe MALADIE VIE MALADIE VIE 2 VIE 3 VIE 1 M.M.A. SANTÉ PLUS P.À.C. SANTÉ Code certificat Codifié par

NOTE 1

To participate in Plan A Health insurance (compulsory), you **must** choose Health Plan or Health Plus Plan **and** indicate the coverage status you wish to have. If you are insured under another group insurance plan offering similar coverage, you may exercise your right to exemption by completing section 3 of the form.

NOTE 2

To be eligible for Plan B Life insurance (optional), you must apply for Plan A Health insurance or use your exemption entitlement (complete section 3).

Participant's life insurance

Options 2 and 3 are available only if, at the time of your retirement, you held a life insurance amount (under your group insurance plan for employees) that was higher than or equal to the one offered under the current plan. Otherwise, you are eligible only for Option 1.

The possible choices are as follows:

Age	Option 1	Option 2	Option 3
Under age 60	\$20,000	\$40,000	\$60,000
Age 60 to 64	\$15,000	\$30,000	\$45,000
Age 65 or over	\$10,000	\$20,000	\$30,000

Accidental death and dismemberment insurance is added to the participant's life insurance coverage.

Spouse's and dependent children's life insurance

To be eligible for this plan, you must be enrolled in the Participant's life insurance plan.

Spouse: \$5,000 Dependent child age 24 hours or older: \$5,000

NOTICE OF CONSTITUTION OF A FILE AND PERSONAL INFORMATION USE

Notice of constitution of a file

The protection of the personal information that we obtain through our activities is very important to SSQ Insurance. This is why, to maintain the confidentiality of personal information, SSQ Insurance (SSQ, Life Insurance Company Inc., SSQ Insurance Company Inc., SSQ Distribution Inc. and their subsidiaries) will create an insurance file to contain your personal information. The information we collect in different instances, including insurance applications, renewals, modifications or claims, will be added to your file.

Except for certain exceptions stipulated by law, access to this file is restricted to those SSQ Insurance employees, service providers, agents or any other person you may authorize to access this information when required to fulfill their contract or mandate.

This file is kept at SSQ Insurance's offices or authorized third-party premises. You have the right to consult the personal information held in your file and, if necessary, have it changed by submitting a written request to the Personal Information Protection Officer at the address below.

Personal Information Protection Officer

SSQ Insurance, 2525 Laurier Boulevard, P.O. Box 10500, Stn Sainte-Foy, Quebec City QC G1V 4H6

Collection and use of your personal information

SSQ Insurance only collects information that is necessary for the management and administration of the business relationship we have with you and any other information obtained through your interactions with us.

The personal information we collect, store and use allows us to verify your identity, validate your eligibility for our products and services, estimate insurance risk, determine premiums, process your claims, manage your file and meet legal requirements. It also may be used to improve our products, services, campaigns and promotions based on statistical analyses. If you have given us your social insurance number, it will only be used for administrative and fiscal purposes.

To learn more about our personal information protection practices, go to www.ssq.ca.