



Group optional Life Insurance Plan



Contract No. 41A00
For Retirees
Insurance Joint Committee
CEGEP Support Sector FEESP-CSN
July 2022

A. Continuation of Life Insurance

The Insurance Joint Committee offers new retirees who held Participant's Basic Life Insurance the opportunity to maintain Life Insurance coverage under the Optional Life Insurance Plan for Retirees.

B. Eligibility

Any individual who has Participant's Basic Life Insurance under the CEGEP Support Sector FEESP-CSN group insurance plan at the time of retirement is eligible for the Optional Life Insurance Plan for Retirees.

C. Amount of insurance

The amount of life insurance automatically granted is equal to 1 x the annual salary, maximum of \$20,000, up to age 69. This amount is then reduced to \$10,000.

If you have Dependent's Life Insurance coverage, that is, \$3,000 for the spouse and \$1,500 per dependent child, you will also maintain this coverage. You don't need to fill out an application form.

This coverage may be cancelled at any time by sending your written request to SSQ or by completing the Removal of Coverage section on the enclosed form.

In the event of premium non-payment, the insurance will terminate at the end of the last period for which premiums were paid.

D. Monthly rates as of July 1, 2022

Basic Life Insurance:

\$3.78 per \$1,000 of insurance

Dependent's Life Insurance:

\$21.39

The 9% provincial sales tax is not included in these premium rates.

E. Modes of payment

Three (3) modes of payment are available:

- monthly withdrawal from your bank account (pre-authorized payments);
- monthly deduction from your Retraite Québec pension payment;
- annual payment.

Your first invoice will correspond to the premiums payable for the amount of Life Insurance mentioned in paragraph C. This invoice must be returned with your payment and the duly completed detachable form included in this brochure.

Under the Payment of Premiums section of the form, you can choose the mode of payment you want. The mode of payment you select will apply as of the end of the period indicated on the first invoice. Annual payment mode will apply if you do not return the form to SSQ.

F. Beneficiary

Should you wish to change your beneficiary designation, you may do so by filling out the appropriate section of the detachable form.

G. Benefit claims

The claim form for Life Insurance benefits is available directly from SSQ.

H. Termination of insurance

Life Insurance coverage terminates at one of the following dates:

- date of cancellation of the group insurance plan (contract 41A00);
- expiration date of the last period of premiums paid;
- first day of the premium period coinciding with or following the date SSQ receives written notice requesting termination of the retiree's Life Insurance.

I. SSQ Privilege Individual Insurance

In addition to your Optional Life Insurance coverage, SSQ offers a wide range of individual insurance products to cover all your needs: Health Insurance and Dental Care Insurance. For more information, please contact an advisor from our SSQ Privilege team at the telephone number indicated on the back of this brochure.

Return to SSQ within 31 days of date of retirement.

Last Name _____		First Name _____		Social Insurance Number _ _ _ _ _ _ _ _ _ _ _ _	
Address _____		Town/City _____		Postal Code _ _ _ _ _	
Telephone Number _____		Date of Retirement _ _ _ _ _ _ _ _ _ _ _ _		Date of Birth _ _ _ _ _ _ _ _ _ _ _ _	

Payment of Premiums

- ☐ Pre-authorized payment
(complete the **Pre-authorized debit payments** section below)
- ☐ Deduction from my Retraite Québec pension payment
- ☐ Annual payment

Removal of Coverage

- I wish to maintain the Participant's Basic Life Insurance
- ☐ without Dependent's Life Insurance
- ☐ I do not wish to maintain Life Insurance coverage for retirees

I authorize SSQ to use the information noted on this application form, including my social insurance number, for administrative purposes. Insurance will become effective on the date of acceptance by SSQ which will be indicated on my insurance certificate. I certify that the above information is complete and accurate. What is your most recent insurance certificate number with SSQ? _____



Signature of the Participant _____

Date
|_|_|_|_|_|_|_|_|_|_|_|_|

Reserved for SSQ ☐ 41R00 ☐ 41R01 ☐ 41R02

Personal Pre-authorized Debit (PAD) Payments

I hereby authorize SSQ, Life Insurance Company Inc. to debit my account for the amount of my variable monthly insurance premium payment, which is due 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 pre-authorized debit (PAD) payment cannot be made as stipulated in the present agreement. In such a case, I will receive a notice in writing to confirm any changes made to my next PAD payment.

Account information

Name of Financial institution _____ Branch _____ Account No. _____

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 pre-authorization 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 Web site www.cdnpay.ca.



Signature (same one you use to sign your cheques) _____

Date
|_|_|_|_|_|_|_|_|_|_|_|_|

N.B. For joint accounts requiring more than one signature, all account holders must sign here.

IMPORTANT: Please ENCLOSE a personal cheque specimen marked "VOID".

SSQ, Life Insurance Company Inc., 2525 Laurier Blvd, P.O. Box 10500, Stn Sainte-Foy, Quebec QC G1V 4H6

I designate as my beneficiary:

My estate ☐ or

☐ Spouse (married or civil union)

☐ Spouse (married or civil union) - sons/daughters

☐ Common-law spouse

☐ Father-Mother

☐ Sons-Daughters

☐ Common-law spouse - sons/daughters

☐ Brother-Sister

☐ Other _____

Last name and first name of beneficiary/beneficiaries: _____

☐ Revocable beneficiary* (may be changed at any time)

☐ Irrevocable beneficiary* (may be changed only with written consent of irrevocable beneficiary)

*** In Quebec, when no beneficiary status is specified, the designation of spouse (married or civil union) is irrevocable and the designation of any other beneficiary is revocable.**

SSQ Privilege products

SSQ also offers individual insurance products that provide health and dental coverage. For more information on our individual SSQ Privilege products, contact one of our financial security advisors at 1-866-777-0711.

Contact us

SSQ Customer Service

2525 Laurier Blvd.

P.O. Box 10500, Station Sainte-Foy

Quebec QC G1V 4H6

1-888-651-8181

ssq.ca

This brochure is provided for information purposes only and in no way alters the provisions and conditions contained in the group insurance contract (41A00).

In this brochure, SSQ Insurance designates SSQ, Life Insurance Company Inc.

Please keep this document for future reference.