



Your optional life insurance plan



Contract A4999

For retirees and spouse of the retiree

FSSS (CSN) Insurance Committee

April 1, 2023

Please keep this document for future reference.

1- Maintaining life insurance coverage

The FSSS (CSN) Insurance Committee offers new retirees the opportunity to maintain life insurance coverage under an optional group life insurance plan for retirees.

2- Eligibility and amounts of insurance

2.1- Retirees

Any individual participating in the FSSS (CSN) group insurance plan at the time of retirement is eligible for the optional group life insurance plan for retirees.

The amounts of life insurance available under this plan are \$5,000, \$10,000, \$15,000, \$20,000, \$25,000 or \$35,000. The amount of insurance to which the participant is entitled is determined as follows:

- a) If the insured is not participating in the SSQ Insurance Optional Plan I Participant's Basic life insurance but is participating in the life insurance and short term disability insurance plans provided for in the collective agreement upon retirement, and they are not disabled at that time:**

The participant can benefit from a \$5,000 coverage without having to provide evidence of insurability.

If the participant wishes to take advantage of this coverage, the registered beneficiary of this Life Insurance coverage will automatically be the participant's estate. If the participant wishes to name a specific beneficiary, a "Designation or Change of Beneficiary in case of death" form must be completed, available from SSQ Insurance Customer Service.

The participant can also change the beneficiary online if registered to use SSQ Insurance's online service for plan members. Simply visit **ssq.ca** and click on the secure site for insureds link.

b) If the insured is participating in the SSQ Insurance Optional Plan I Participant's Basic life insurance upon retirement:

The maximum amount of coverage is based on the amount of basic and optional Life Insurance held by the participant at the time of retirement. The following table indicates the amount of coverage to which the participant is entitled, according to the amount of coverage held at the time of retirement.

Amount of life insurance held at the time of retirement		Maximum coverage amount
None (see 2.1 a))		\$5,000
Under	\$5,000	\$10,000
\$5,000	to \$9,999	\$15,000
\$10,000	to \$14,999	\$20,000
\$15,000	to \$19,999	\$25,000
\$20,000	or more	\$35,000

The amount of coverage held may be the maximum amount or any other amount lower than this appearing in the table.

The beneficiary of this coverage will remain the same as the beneficiary already designated before retirement. To change beneficiary, it is possible to do so online with our secure site for insureds or by completing a "Designation or Change of Beneficiary in case of death" form, available from SSQ Insurance Customer Service.

2.2- Spouse of the retiree

The coverage amounts that appear in the table below are also available for the spouse of the retiree, provided the retiree applies for coverage under the Optional Group Life Insurance Plan for Retirees. Also, the decision to maintain life insurance coverage for the spouse must be made at the same time as the request to maintain coverage for the retiree.

Amount of life insurance held by the spouse	Maximum coverage amount
\$5,000	\$5,000
\$10,000	\$10,000
\$15,000	\$15,000
\$20,000	\$20,000
\$25,000	\$25,000
\$30,000	\$30,000
\$35,000 and over	\$35,000

The coverage amount chosen can be the maximum amount or any other amount lower than this appearing in the table, but cannot be higher than the amount of coverage held before retirement.

Coverage for the spouse can be obtained without the usual requirement for evidence of insurability upon the retiree's application.

3- Application

To apply, the application form attached to this document must be completed, indicating the amount of coverage requested for the participant and the participant's spouse, if applicable. The form must be returned in the reply envelope within 60 days following retirement. **The participant will not be eligible for coverage if the application is received after this 60-day period.**

4- Monthly premium rates

Age of the participant	Cost per \$1,000 of insurance
Under age 55	\$0.24
Age 55 to 59	\$0.40
Age 60 to 64	\$0.64
Age 65 to 69	\$1.03
Age 70 to 74	\$1.64
Age 75 or over	\$2.62

Note: The 9% provincial sales tax is not included.

These rates are based on the insured's age on the day of application. Subsequent rate changes following an age change become effective on the 1st day of the premium period coinciding with or following the insured's birthday.

5- Payment method

Premiums may be paid in three ways. Check the box corresponding to the preferred payment method and complete the "Personal Pre-Authorized Debit (PAD) Payments" section overleaf to opt for preauthorized monthly payments.

6- How to file a claim

The "Life Insurance Claim" form is available from SSQ Insurance Customer Service.

7- Conversion privilege

If the amount of life insurance that the participant has when retiring is greater than \$35,000 and they wish to maintain all or part of this amount, **they can take advantage of the conversion privilege provided for the amount over \$35,000 within 31 days following the date of retirement.**

The converted amount cannot exceed \$400,000 if under age 65, or \$25,000 if age 65 or over. The converted amount of life insurance is provided in the form of an individual life insurance contract. **Premium rates are available upon request.**

Example 1

The retiree is under age 65 and the insurable annual salary is \$29,000. Therefore, the chosen amount of life insurance with SSQ Insurance is \$58,000.

In accordance with the table under section 2-1 b), the retiree is entitled to \$35,000 coverage under the optional group life insurance plan for retirees. The retiree can then apply to convert the difference in an individual life insurance contract, i.e. up to \$23,000.

Example 2

The retiree is over age 65 and the insurable annual salary is \$32,000. Therefore, the retiree's chosen amount of life insurance with SSQ Insurance is \$64,000.

The retiree is entitled to \$35,000 coverage under the optional group life insurance plan for retirees and could apply to convert up to \$25,000 of the \$29,000 difference in the form of an individual life insurance contract.

Last Name _____ First Name _____ Social insurance No. _____
 Address _____ Town/City _____ Postal code _____
 Telephone No. _____ Date of retirement

Y	Y	Y	Y	M	M	D	D
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 Date of birth

Y	Y	Y	Y	M	M	D	D
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 Most recent contract number with SSQ? _____

Retiree's Life Insurance

Premium payment method	Amount of coverage requested			
<input type="checkbox"/> Deductions from Retraite Québec pension OR <input type="checkbox"/> Preauthorized monthly payments (complete the "Personal Pre-Authorized Debit (PAD) Payments" section) OR <input type="checkbox"/> Quarterly invoices	\$5,000 <input type="checkbox"/> (1) (2) \$10,000 <input type="checkbox"/> (2)	\$15,000 <input type="checkbox"/> (2) \$20,000 <input type="checkbox"/> (2)	\$25,000 <input type="checkbox"/> (2) \$35,000 <input type="checkbox"/> (2)	
Notes: (1) Available without evidence of insurability even if you are not participating in the SSQ Optional Plan I Participant's Basic Life Insurance when you retire, provided you participate in the collective agreement plans (see point 2.1 a) of this document). (2) Available without evidence of insurability provided you are participating in the SSQ Optional Plan I Participant's Basic Life Insurance when you retire. To determine the amount of coverage, see table under point 2.1 b) of this document.				

Spouse's Life Insurance

* The request to maintain life insurance coverage for the spouse must be made at the same time as the request to maintain life insurance for the retiree.

Reference	Desired amount of coverage for the spouse ⁽³⁾											
_____ Last name and first name of the spouse: <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>M</td><td>M</td><td>D</td><td>D</td></tr></table> Date of Birth Gender <input type="checkbox"/> M <input type="checkbox"/> F	Y	Y	Y	Y	M	M	D	D	No Coverage <input type="checkbox"/> \$5,000 <input type="checkbox"/>	\$10,000 <input type="checkbox"/> \$15,000 <input type="checkbox"/>	\$20,000 <input type="checkbox"/> \$25,000 <input type="checkbox"/>	\$30,000 <input type="checkbox"/> \$35,000 <input type="checkbox"/>
Y	Y	Y	Y	M	M	D	D					
Notes : (3) Available without evidence of insurability, provided that Spouse's Life Insurance coverage was held prior to the participant's retirement. To determine the maximum amount of coverage available, see the table in section 2.2 of this document.												



Retiree's signature

 Date

Y	Y	Y	Y	M	M	D	D
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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)

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 Boulevard
P.O. Box 10500, Station Ste-Foy
Quebec QC G1V 4H6

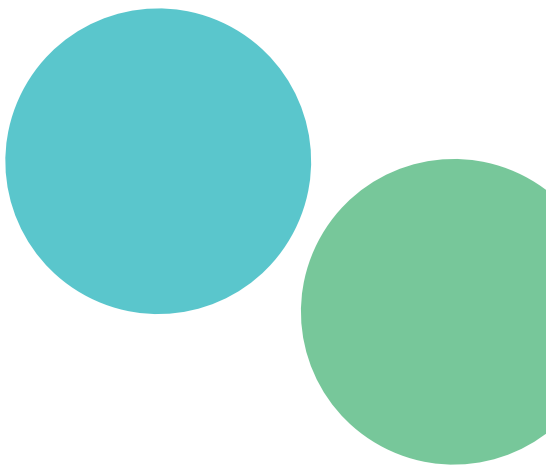
Y | Y | Y | Y | M | M | D | D

Date

For SSQ use only:

SSQ Insurance Privilege products

SSQ Insurance 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.



Head Office

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ssq.ca

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