

GROUP APPLICATION FOR OPTIONAL BENEFITS

Throughout this application, "Empire Life" means
The Empire Life Insurance Company.

Group policy number	Division number	Certificate number
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1. EMPLOYEE INFORMATION (REQUIRED)

First name	Initial	Last name
Date of birth (dd/mmm/yy)	Province of residence	<input type="radio"/> Smoker <input type="radio"/> Non Smoker

2. OPTIONAL COVERAGE REQUESTED (Please provide your desired level of coverage)

Important: By applying for optional coverage you understand and agree that the coverage requested will be subject to medical underwriting and this coverage will not be in effect until medically approved by Empire Life. The designated beneficiary of any optional spousal life insurance will be the employee or, where permitted by law, another beneficiary appointed by the employee.

Employee	Spouse	Dependant Child(ren)
Life \$ _____ <input type="radio"/> Include optional AD&D*	Life \$ _____ <input type="radio"/> Include optional AD&D*	Critical Illness \$ _____ (Life coverage not available)
Critical Illness \$ _____	Critical Illness \$ _____	

*The AD&D benefit will equal the amount of the Optional Life benefit requested, and will be effective only with the medical underwriting approval of the Optional Life insurance.

3. SPOUSE AND DEPENDANT INFORMATION (Required only if applying for coverage)

Name (first, middle, last)	Date of birth (dd/mmm/yy)	Relationship	Province of residence	Smoker?
				<input type="radio"/> Yes <input type="radio"/> No
				<input type="radio"/> Yes <input type="radio"/> No
				<input type="radio"/> Yes <input type="radio"/> No

4. LIFE INSURANCE BENEFICIARY DESIGNATION (Only for benefits payable upon death of Insured employee)

Minors: Death benefits will not be paid directly to a minor beneficiary. Outside Quebec, you should name a trustee for a minor beneficiary and any death benefits due to the beneficiary, while a minor, will be paid to the trustee on their behalf. In Quebec, death benefits due to a beneficiary, while a minor, will be paid to the their parent(s) or legal guardian unless you have established a formal trust. After the beneficiary reaches the age of majority, any death benefits due to the beneficiary will be paid directly to the beneficiary unless you have established a formal trust and such trust is still in effect at the time the death benefit is due.

Primary Designations: If a beneficiary is not named, the death benefit will be paid to the Estate of the Employee. Percentages for all beneficiaries must total 100%. If you name more than one beneficiary and do not indicate a share percentage, the death benefits will be divided equally among all surviving beneficiaries.

Irrevocable/Revocable Designations: A minor should not be designated as an irrevocable beneficiary. A minor irrevocable beneficiary cannot consent to a change of beneficiary until the minor reaches the age of majority and a parent or guardian may not sign on behalf of a minor child for this purpose. All beneficiaries are assumed revocable unless you check the irrevocable box except in Quebec. In Quebec, if a married or civil union spouse is named beneficiary, the designation is irrevocable unless otherwise indicated. Once an irrevocable primary beneficiary has been named, his/her written consent will be required for certain transactions.

Beneficiary(ies)

Name (first, middle, last)	Relationship	Share %	<input type="radio"/> Revocable <input type="radio"/> Irrevocable
Date of birth (if minor) (dd/mmm/yy)	Trustee name		
Name (first, middle, last)	Relationship	Share %	<input type="radio"/> Revocable <input type="radio"/> Irrevocable
Date of birth (if minor) (dd/mmm/yy)	Trustee name		

5. DECLARATION AND AUTHORIZATION

Collection, Use and Access to My Personal Information

I (being the employee) am applying for optional group benefits coverage with The Empire Life Insurance Company ("Empire Life") and understand that Empire Life needs personal information about me, my spouse and my children (collectively "Dependants"), if applicable, relevant to this application and/or the administration of the group benefits plan ("Personal Information").

If I am applying for coverage for my Dependents:

- I confirm that I am authorized by my Dependents to disclose and receive their Personal Information, to act on behalf of my Dependents and to consent to this authorization on their behalf in relation to their Personal Information;
- I understand that the group benefits coverage is provided through me as the employee plan member and that Empire Life may exchange Personal Information with me and/or my Dependents.

The authorization below applies to the employee and Dependents, as applicable.

Collection:

I authorize Empire Life to collect Personal Information from any person or organization that has information relevant to this application and/or the employee's group benefits plan.

I authorize the following persons or organizations that have Personal Information to disclose such information to Empire Life:

- the employee's employer and the group plan administrator;
- the employee's employer's insurance broker and/or advisor (to the extent permitted by the employer);
- my doctor and other health professionals and practitioners (e.g. pharmacists, dentists);
- hospitals, clinics, social service agencies and other similar agencies that have provided services to me;
- professional regulatory bodies (e.g. College of Pharmacists);
- investigative and governmental agencies (e.g. Canada Revenue Agency);
- other insurance companies with which I have or have had coverage; and
- third party service providers that provide services related to the benefit plan (e.g. payroll, enrolment, claims handling services, travel emergency assistance benefits providers, paramedical service providers).

I also authorize the collection of Personal Information by third party service providers for purposes of assessing this application and administering claims made by me, my Dependents, or my beneficiary(ies).

Use:

I authorize Empire Life to keep the Personal Information on file and use it for the following purposes:

- to assess this application, eligibility for coverage, and the nature and amounts of such coverage;
- to assess the risk on a continuing basis and consider whether to issue or renew a group policy of insurance under which I might be or become insured;
- to determine the premium payable for such insurance;
- to administer the group benefits plan, including conducting audits and investigations; and
- to provide benefits and assess any claim(s) made by me, my Dependents, or my beneficiary(ies); and to comply with applicable law.

Access/Disclosure:

I understand that:

- the Personal Information will be kept on file by Empire Life;
- authorized Empire Life employees, representatives, its reinsurers and third party service providers will have access to this file, for the purposes listed above;
- Personal Information may be exchanged with the persons and organizations listed above if required for the purposes listed above. However, specific details relating to medical conditions will not be disclosed to the employee's employer;
- in all cases, Empire Life restricts its collection, use, disclosure and retention of Personal Information to what is reasonably required for the purposes listed above;
- Empire Life may use third party service providers located inside or outside Canada to process and store the Personal Information; and
- I have the right to request access to the Personal Information in this file, as permitted or required by law, and, where appropriate, to have any inaccurate information corrected. I can access Empire Life's most recent Privacy Policy at www.empire.ca.

Other:

I understand that the statements in this application form part of the application in consideration for the insurance applied for; and

- I also understand and agree that any material misrepresentation or non-disclosure of information on this declaration may render my coverage voidable.
- I certify that the information given in this and other supporting documents is true, full and complete.
- I hereby apply for benefits for which I am or may become eligible, and authorize payroll deductions, if required.

A photocopy or electronic copy of this authorization will be as valid as the original.

Signature of employee X	Date (dd/mmm/yy)
Signature of spouse/common-law partner (if applicable) X	Date (dd/mmm/yy)
Signature of dependant child or parent/legal guardian if a minor (if applicable) X	Date (dd/mmm/yy)

6. TO BE COMPLETED BY THE EMPLOYER

Name of employer	Class	Department	Payroll number
Signature of authorized official X			Date (dd/mmm/yy)

Please return to:

Empire Life

Group Administration

259 King Street East Kingston, ON K7L 3A8

Group Customer Service: 1 800-267-0215 Fax: 1-888-841-9145

Email: group.administration@empire.ca

Insurance & Investments – Simple. Fast. Easy.™

www.empire.ca info@empire.ca

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