

# GROUP APPLICATION FOR OPTIONAL BENEFITS

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

## How to complete this form:

- Answer all questions to avoid delays in the application.
- Email the completed application to group.administration@empire.ca
- If you, your spouse and/or dependent require medical underwriting, we will send you the Group Health Forms to complete.
- For questions or help completing this form please call our Customer Service Unit at 1-800-267-0215.

<b>1. EMPLOYEE INFORMATION (REQUIRED)</b>				
Name of Employer/Division		Group number	Division number	Certificate number
First name	Middle Initial	Last name		
Date of birth (dd/mmm/yy)	Province of residence		<input type="radio"/> Smoker <input type="radio"/> Non Smoker	
Signature of authorized official <b>X</b>			Date (dd/mmm/yy)	

<b>2. OPTIONAL COVERAGE REQUESTED</b>		
<b>Important:</b> By applying for optional coverage you understand and agree that the coverage requested may 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.		
<b>Employee</b>	<b>Spouse</b>	<b>Dependant Child(ren)</b>
Life \$ _____ <input type="radio"/> Include optional AD&D*	Life \$ _____ <input type="radio"/> Include optional AD&D*	Life: Not available AD&D: Not available
Critical Illness** \$ _____	Critical Illness \$ _____	Critical Illness \$ _____
<p>*The AD&amp;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.</p> <p>** For amounts up to \$25,000 no medical underwriting is required if applied for and issued prior to 31 days following the employee's eligibility date.</p>		

<b>3. SPOUSE AND DEPENDANT INFORMATION (Required only if applying for coverage)</b>				
<b>Name (first, middle, last)</b>	<b>Date of birth (dd/mmm/yy)</b>	<b>Relationship</b>	<b>Province of residence</b>	<b>Smoker?</b>
				<input type="radio"/> Yes <input type="radio"/> No
				<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. BENEFICIARY DESIGNATION (to be used 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 primary 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.
- You may change this beneficiary designation at any time upon written notice to Empire Life.
- If you wish to make the beneficiary designation irrevocable (meaning you can not change the designation or make changes to your coverage under the plan without the written consent of the beneficiary), please complete the applicable beneficiary change form.

**Note:** Where Quebec law applies and you have designated your married spouse or civil union spouse as beneficiary, the designation will be irrevocable unless you check the circle marked "revocable" below.

I hereby make the beneficiary designation:  revocable - I may change this beneficiary designation at any time.

**Primary Beneficiary(ies)**

First name	Middle initial	Last name	Relationship
Date of birth (if minor) (dd/mmm/yy)		Trustee name (required if beneficiary is a minor)	Share (%)
First name	Middle initial	Last name	Relationship
Date of birth (if minor) (dd/mmm/yy)		Trustee name (required if beneficiary is a minor)	Share (%)

**Contingent Beneficiary(ies)**

You may wish to designate a contingent beneficiary(ies) to receive any proceeds under this group policy, if all of the primary beneficiaries named, should die before you. Should there not be any surviving beneficiaries at the time of your death, the proceeds will be paid to your Estate. Percentages for all contingent beneficiaries must total 100%.

First name	Middle initial	Last name	Relationship
Date of birth (if minor) (dd/mmm/yy)		Trustee name (required if beneficiary is a minor)	Share (%)
First name	Middle initial	Last name	Relationship
Date of birth (if minor) (dd/mmm/yy)		Trustee name (required if beneficiary is a minor)	Share (%)

## 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 Dependants:

- I confirm that I am authorized by my Dependants to disclose and receive their Personal Information, to act on behalf of my Dependants 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 Dependants.

The authorization below applies to the employee and Dependants, 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 Dependants, 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 Dependants, 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. Personal information that is processed or stored outside Canada may be subject to the laws of the jurisdiction outside Canada where the information is processed or stored, which may allow disclosure to courts, law enforcement or other government authorities of that jurisdiction under certain circumstances; 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](http://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 <b>X</b>	Date (dd/mmm/yy)
Signature of spouse/common-law partner (if applicable) <b>X</b>	Date (dd/mmm/yy)
Signature of dependant child or parent/legal guardian if a minor (if applicable) <b>X</b>	Date (dd/mmm/yy)