GROUP APPLICATION FOR OPTIONAL BENEFITS

Reset Form

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

Group policy number	Division number	Certificate number

1. EMPLOYEE INFORMATION (REQUIRED)

First name	Initial	Last name

Date of birth (dd/mmm/yy)	Province of residence	◯ Smoker ◯ 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 $ _____	Life $ _____	
◯ Include optional AD&D*	◯ Include optional AD&D*	Critical Illness $ _____
Critical Illness $ _____	Critical Illness $ _____	(Life coverage not available)

**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?**
				◯ Yes ◯ No
				◯ Yes ◯ No
				◯ Yes ◯ No

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

Irrevocable/Revocable designations: A beneficiary designation is revocable unless you check the irrevocable box. In Québec, a spouse is irrevocable unless you check the revocable box. If you designate a beneficiary as irrevocable, you cannot change or revoke the beneficiary or exercise rights and privileges such as withdrawals, assignments, or transferring ownership without the irrevocable beneficiary's signature. If the irrevocable beneficiary is a minor, you cannot change or revoke the beneficiary or exercise rights and privileges until the minor reaches the age of majority.

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. In Quebec, Death Benefits due to a beneficiary, while a minor, will be paid to the Tutor(s) unless you have appointed an Administrator or 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.

Multiple beneficiaries: Percentages for all beneficiaries must total 100%. If you name more than one beneficiary and do not indicate a share percentage, the benefits will be divided equally among all surviving beneficiaries. If more space is required, attach a hand-written letter including your signature.

Beneficiary(ies)

Name (first, middle, last)	Relationship	Share %	◯ Revocable ◯ Irrevocable

Date of birth (if minor) (dd/mmm/yy)	Trustee name

Name (first, middle, last)	Relationship	Share %	◯ Revocable ◯ Irrevocable

Date of birth (if minor) (dd/mmm/yy)	Trustee name

Empire Life

5. DECLARATION AND AUTHORIZATION

Collection, Use and Access to My Personal Information

Collection:

I 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 and my dependants (if applicable) in order to assess my application and administer coverage under the benefits plan. I authorize Empire Life to collect my personal information and the personal information of my dependants (if applicable) that is relevant to my application. I authorize any person or organization that has information relevant to my application to disclose this information to Empire Life. The persons and organizations with information relevant to this application include:

- my employer;
- my doctor and other health professionals and practitioners;
- hospitals, clinics, social service agencies and other similar agencies that have provided services to me;
- other insurance companies with which I have or have had coverage; and
- any third party service providers who provide services related to my benefit plan (e.g. payroll, enrolment, claims handling services, travel emergency assistance benefits providers).

Use:

I authorize Empire Life to keep my personal information and the personal information of my dependants (if applicable) on file and use it for the following purposes:

- 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 assess my eligibility for coverage and the nature and amounts of such coverage; and
- to provide benefits and assess any claim(s) made by me, my dependants, or my beneficiary(ies).

Access/Disclosure:

I understand that:

- my personal information and the personal information of my dependants (if applicable) will be kept on file by Empire Life;
- authorized Empire Life representatives and its reinsurers will have access to my file, for the purposes listed above;
- personal information about me and my dependants (if applicable) may be disclosed to 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 my employer;
- in all cases, Empire Life restricts its collection, use, disclosure and retention of my personal information and the personal information of my dependants (if applicable) 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 my personal information; and
- 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 and I am authorized to act on behalf of my dependants.

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 this completed form to:

Group Administration
Group Solutions
The Empire Life Insurance Company
259 King Street East
Kingston ON K7L 3A8

Toll free phone: 1 800 267-0215
Toll free fax: 1 888 841-9145
Email: groupadministration@empire.ca