



Group optional Life insurance plan



Contract FA999
For retirees and spouse of the retiree
FP-CSN Insurance Committee
January 2019

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 document is provided for information purposes only and has no bearing on the terms and conditions of the insurance contract. Please keep this document for future reference.

DV7013A (2018-12)

5. Payment method

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

6. How to file a claim

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

7. Conversion privilege

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

The converted amount cannot exceed \$400,000 if you are under age 65, or \$25,000 if you are 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

You are under age 65 and your insurable annual salary is \$29,000. Therefore, your chosen amount of life insurance with SSQ is \$58,000.

In accordance with the table under section 2.1 b), you are entitled to \$35,000 coverage under the optional group life insurance plan for retirees. You can then apply to convert the difference in an individual life insurance contract, i.e. up to \$23,000.

Example 2

You are over age 65 and your insurable annual salary is \$32,000. Therefore, your chosen amount of life insurance with SSQ is \$64,000.

You are 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.



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

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

Account No.

Y Y Y Y M M D D
Date

For SSQ use only:

1. Maintaining your life insurance coverage

The FP-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 FP-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 you are entitled is determined as follows:

a) **If you are not participating in the SSQ Participant's Basic life insurance but are participating in the life insurance and short term disability insurance plans provided for in your collective agreement when you retire, and you are not disabled at that time:**

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

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

You can also change your beneficiary on line if you have registered to use Access, SSQ's on-line service for plan members. Simply visit ssq.ca and click on the ACCESS | Plan Members link.

b) **If you are participating in the SSQ Participant's Basic life insurance when you retire:**

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 you are 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 your retirement. If you wish to change beneficiary, you can change on line with our ACCESS | Plan members site or complete a "Designation or Change of Beneficiary in case of death" from, available from SSQ 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, complete the application form attached to this document and indicate the amount of coverage requested for you and your spouse, if applicable. Return the form in the reply envelope within 60 days following your date of retirement. **You will not be eligible for coverage if you apply 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 age on January 1 of the year of application. Subsequent rate changes following an age change become effective on January 1 coinciding with or following the insured's birthday.

Life insurance

Policy no. 56390-1-2

Application form - to be returned to SSQ within 60 days following your date of retirement



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] _____ Date of birth [Y][Y][Y][Y][M][M][D][D] _____
 Most recent contract number with SSQ? _____

Retiree's Life Insurance

Premium payment method
 Deductions from Retraite Québec pension
OR
 Preauthorized monthly payments (complete the "Personal Pre-Authorized Debit (PAD) Payments" section)
OR
 Quarterly invoices

Amount of coverage requested

\$5,000 (1) (2) \$15,000 (2) \$25,000 (2)
 \$10,000 (2) \$20,000 (2) \$35,000 (2)

Notes:

- (1) Available without evidence of insurability even if you are not participating in the SSQ 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 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

Last Name and First Name of the Spouse: _____
 Date of Birth [Y][Y][Y][Y][M][M][D][D] _____
 Gender M F

Desired amount of coverage for the spouse⁽³⁾

No Coverage \$10,000 \$20,000 \$30,000
 \$5,000 \$15,000 \$25,000 \$35,000

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

[Y][Y][Y][Y][M][M][D][D] _____
 Date