



SSQ Privilege • 1-866-777-0711

A comprehensive coverage for your health and dental care!

At SSQ Insurance, we understand how comforting it is to know your insurance has you covered. That's why we offer the option of converting your group insurance coverage to an individual plan. We offer a variety of products tailored to different situations, whether you're retiring, leaving a job, or experiencing a change in your family situation.

Enrol today!

You must take out the new policy within 90 days of your group policy termination. Otherwise, you may have to provide evidence of insurability for the policy to take effect. Premiums are payable as of the first day of the month following termination of your group insurance policy. Please note that if you have to provide evidence of insurability for an optional coverage, this coverage will come into force on the date it is accepted by SSQ Insurance. This date will be specified on your insurance policy.

All maximum amounts and coverage periods for health and dental care benefits will be applied according to the amounts already received and periods already elapsed under the group insurance contract that was terminated before your new coverage took effect.

Choose the best coverage for your needs

Coverage type	What's included	Highlights
Basic	<ul style="list-style-type: none"> Hospital expenses in a hospital in Canada Travel insurance and trip cancellation insurance Expenses for home care during a period of convalescence A wide variety of health care professionals and medical care 	<ul style="list-style-type: none"> 100% reimbursement of eligible expenses in the event of hospitalization 30 days of coverage per trip 70% reimbursement for all other eligible medical expenses¹
Classic	The same care and services as our Basic coverage, but with higher reimbursements and more comprehensive benefits. Plus optional coverage for: <ul style="list-style-type: none"> Vision care Dental care 	<ul style="list-style-type: none"> 100% reimbursement of eligible expenses in the event of hospitalization 180 days of coverage per trip 75% reimbursement for all other eligible medical expenses¹
Enhanced	Our most generous and comprehensive coverage! The same care and services as our Classic coverage, but with higher reimbursements and more comprehensive benefits. Prescription drug² and vision care coverage are included. Dental care coverage is also available as an option!	<ul style="list-style-type: none"> 100% reimbursement of eligible expenses in the event of hospitalization 180 days of coverage per trip 80% reimbursement for all other eligible medical expenses¹ 65% reimbursement of eligible expenses for prescription drugs Vision care included



Optional coverage Dental care³

Coverage includes reimbursement for **basic** and **routine care at 75%**, as well as **major restorations at 50%**, up to \$1,000 per insured, per calendar year. This amount is reduced by half (\$500) for the first year when you take out insurance between July 1 and December 31.

¹ SSQ Insurance reimburses at the stated percentage for the first \$3,000 of annual eligible expenses per insurance policy. Thereafter, SSQ Insurance reimburses the excess at 90%, up to the other maximums provided for various expenses.

² SSQ Insurance reimburses eligible drug expenses not covered by Quebec's Public Prescription Drug Insurance Plan.

³ Option available only for Classic and Enhanced coverage upon implementation of the SSQ Privilege health insurance policy. You must maintain this option for a minimum period of 24 months. Evidence of insurability may be required if you did not have dental care coverage under your previous group insurance plan.

Health and Dental care insurance proposal – Personal information

Policyholder's last name _____		Policyholder's first name _____		Civic number/Street _____		Apt. _____
City _____		Province _____	Postal code _____		Telephone _____	
Email _____		Date of birth [Y, Y, Y, Y M, M D, D]		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		Language: <input type="checkbox"/> English <input type="checkbox"/> French
Health insurance <input type="checkbox"/> Basic <input type="checkbox"/> Classic <input type="checkbox"/> Enhanced		Coverage status <input type="checkbox"/> Individual <input type="checkbox"/> Single-parent <input type="checkbox"/> Family		Monthly premium payment <input type="checkbox"/> Pre-authorized debit (complete back of form) <input type="checkbox"/> CARRA deduction (retirees of the Quebec public and parapublic sectors)		
Vision care I wish to obtain vision care coverage (same coverage status)		YES	NO			
Dental Care I wish to obtain dental care coverage (same coverage status)		<input type="checkbox"/>	<input type="checkbox"/>			
Previous group contract <input type="checkbox"/> I am or was insured by SSQ Insurance		Contract no. _____		Termination date of your group insurance plan [Y, Y, Y, Y M, M D, D]		
<input type="checkbox"/> I am not or was not insured with SSQ Insurance (If applicable, please provide proof of previous coverage under a group health insurance plan that ended no more than 90 days ago.)						

I authorize SSQ Insurance to use the information in this proposal for administrative purposes. I certify that the information in this proposal is true and complete to the best of my knowledge.

Policyholder's signature _____ Date [Y, Y, Y, Y | M, M | D, D]

If necessary, please fill out the pre-authorized debit payments section on the back of this form.



Premiums

Premiums are calculated according to the policyholder's age. They may change each time there is a change in age group and at policy renewal.

Monthly premiums applicable from May 1, 2019, to April 30, 2020

	Age	Age 16 to 59	Age 60 to 64	Age 65 to 69	Age 70 to 74	Age 75 to 79	Age 80+
Basic	Individual	\$34.01	\$40.09	\$48.49	\$60.61	\$77.93	\$93.52
	Single-parent	\$40.07	\$47.27	\$53.21	\$69.00	\$88.73	\$100.51
	Family	\$53.66	\$66.29	\$81.90	\$106.15	\$136.49	\$162.32
Classic	Individual	\$44.26	\$52.16	\$63.09	\$78.87	\$101.40	\$121.68
	Single-parent	\$52.15	\$61.49	\$67.76	\$84.77	\$108.99	\$130.76
	Family	\$69.81	\$86.25	\$104.30	\$136.88	\$175.99	\$211.19
Enhanced	Individual	\$111.09	\$130.98	\$158.38	\$198.06	\$254.61	\$305.51
	Single-parent	\$130.91	\$154.41	\$170.11	\$212.88	\$273.64	\$328.38
	Family	\$175.27	\$216.54	\$261.87	\$343.72	\$441.90	\$530.27



Optional coverage

You must have Classic coverage to add vision care. You must have Classic or Enhanced coverage to add dental care.

	Individual	Single-parent	Family
Vision care	\$7.50	\$11.25	\$18.75
Dental care	\$54.25	\$81.35	\$101.69

Payment method

- Option 1:** The amount of your premium can be deducted automatically from your bank account each month by pre-authorized debit.
- Option 2:** If you are a retiree of the Quebec public and parapublic sectors, the amount can be deducted directly from your CARRA pension.



Talk to a financial security advisor today at 1-866-777-0711.

SSQ, Life Insurance Company Inc.
 2525 Laurier Boulevard, P.O. Box 10500, Stn Sainte-Foy
 Quebec QC G1V 4H6
privilege@ssq.ca • ssq.ca/privilege

Please note that certain restrictions, limitations, and exclusions apply. Changes may be made without notice, and all offers are subject to approval by the insurer. This document has been prepared for information purposes only and has no contractual value. Only insurance contracts may be used to settle legal questions.
 In this document, SSQ Insurance refers to SSQ, Life Insurance Company Inc.

Pre-authorized debit (PAD) payments

I hereby authorize SSQ, Life Insurance Company Inc. to debit my account for the variable amount of my insurance premiums, which are 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 notice in writing to confirm any changes made to my next PAD payment.

Account Information

Name of financial institution **Branch** **Account no.**

I authorize the above institution to withdraw the payment amount from my account. This authorization may be revoked at any time upon my written notice. Such notice must be sent to SSQ, Life Insurance Company Inc. 30 calendar days prior to the next scheduled payment.

I understand that I have certain rights of recourse should any PAD payment not comply with this agreement. For example, I am entitled to receive reimbursement for all unauthorized PADs or those that are not in compliance with this agreement. For more information about my right to recourse or how to obtain a sample cancellation form, I may contact my financial institution or visit the www.cdnpay.ca website.

Signature (as it appears on your cheques) **Date** Y | Y | Y | Y | M | M | D | D

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, Stn Sainte-Foy, Quebec QC G1V 4H6
 1-866-777-0711 • privilege@ssq.ca

Reserved for SSQ Insurance: