



Alberta Teachers' Association Optional Group Life Insurance

Exclusively for Members and Employees of the Alberta Teachers' Association



This insurance is underwritten by Sun Life Assurance Company of Canada, a member of the Sun Life Financial group of companies.

What is it?

An insurance plan with the flexibility to match the amount of coverage to your needs with the low cost advantage of a group plan.

Built-in flexibility

- Insurance is available for you, your spouse or for your dependent children.
- You determine the amount of insurance to fit your needs.
- You select the beneficiary of your choice for your and your spouse's insurance. You are automatically the beneficiary of your dependent children's insurance.

Optional Group Life Insurance

- The minimum amount of insurance is \$25,000. You may select units of \$25,000 to a maximum of \$300,000 each for you and your spouse. The amounts chosen for you and your spouse do not have to be the same.
- The amount of insurance for each dependent child is \$5,000.
- The benefit will be paid upon death from any cause, unless death occurs during the first 2 years of being insured and is the result of suicide, in which case no benefit will be paid.
- After 4 continuous months of disability, and if you provide proof that you are disabled and are unable to work at any job, premiums will be waived and insurance for you, your spouse and dependent children will continue at no charge. You must apply for disability within 12 months of becoming disabled.
- If you are not presently teaching or plan to quit teaching, you can still take advantage of this plan. All you need to do is maintain your membership or your Associate membership in the Association. Contact the A.T.A. or Capital Estate Planning Corporation for more information.
- At age 65 your life amount will be reduced by 50% unless you provide written notice to retain the pre age 65 level of insurance.
- Your insurance stops when you are no longer a member or an associate member of the A.T.A., or you reach age 70. Insurance for your spouse stops on the earliest of the date you reach age 70, or you are no longer a member or an associate member of the A.T.A. However, either of you may change your Group Life Insurance (subject to a maximum amount) into an individual policy without evidence of insurability, provided you sign an individual application and pay the first premium for the individual policy within 31 days of the date your group insurance stops.

Convenient payment of premiums

Premiums are paid monthly using the pre-authorized chequing plan. Premiums are transferred electronically to Sun Life Assurance Company of Canada from your Bank, Trust Company or Credit Union chequing account.

Please note

This information is intended to assist you in understanding the terms and benefits of the Optional Group Life Insurance plan available through your plan sponsor's group contract with Sun Life Assurance Company of Canada. Once approved, you will be provided with a booklet outlining the details about this coverage. If you have any questions about the information in this package, or you need additional information about your group benefits, please contact your plan sponsor.

Alternate plans are also available through the A.T.A. voluntary benefits program. Please check here for further information on:

- Voluntary Accidental Insurance - Member & Family
- Term to 100 - Individual and Joint Last to Die

Low monthly cost*

Monthly premium per \$25,000 of Life Insurance

| Age | Smoker | Non-Smoker |
|-----------|---------|------------|
| under 30 | \$ 1.83 | \$ 1.40 |
| 30 - 34 | 1.90 | 1.45 |
| 35 - 39 | 2.10 | 1.58 |
| 40 - 44 | 3.85 | 2.70 |
| 45 - 49 | 6.70 | 4.75 |
| 50 - 54 | 11.95 | 8.43 |
| 55 - 59 | 20.23 | 14.45 |
| 60 - 64 | 30.53 | 21.50 |
| 65 - 69** | 19.50 | 15.23 |

**Rate is per \$12,500 for this age band.

Children's Life Insurance: \$0.88 per month (flat amount covers all dependent children)

*Rates are subject to change.

Your monthly cost

To determine your monthly cost, select the rate that applies to you. Multiply your units of insurance (one unit is \$25,000) by your rate.

Example:

A 38 year old male who doesn't smoke has selected \$75,000 of coverage for himself and \$50,000 for his spouse. His spouse is 29 years old and a smoker.

| | | |
|-----------------------------|------------|--------|
| To calculate his cost: | | |
| his life insurance | 3 x 1.58 = | 4.74 |
| his spouse's life insurance | 2 x 1.83 = | 3.66 |
| Total monthly cost: | | \$8.40 |

Sun Life Assurance Company of Canada will automatically adjust your premium as your age changes.

How to apply

To apply for Optional Group Life Insurance, complete the attached Enrolment Form and Authorization for Pre-Authorized chequing and return them to your plan administrator, Capital Estate Planning, for forwarding to Sun Life Assurance Company of Canada. You will be notified of the decision concerning your application. Your coverage will become effective on the date Sun Life Assurance Company of Canada approves your application.

Capital Estate Planning Corporation
4222 - 97th St
Edmonton AB T6E 5Z9
Phone (780) 463-6128
or toll free 1 800 661 8755

Please keep a copy of this package for your records.

Enrolment for Optional Group Life Insurance



(Office use only)

| |
|-------|
| PAC # |
|-------|

Sun Life Assurance Company of Canada, a member of the Sun Life Financial group of companies, is committed to keeping your information confidential.

1 Member Information

Please (✓) type of application. New Change of Information
(Show changes in appropriate section.)

| | | | |
|---|--------|---------------------------------|---|
| Plan Sponsor's Name Alberta Teachers' Association | | Contract Number 83966 | Member ID or S.I.N. |
| Member's Name (First) | (Last) | Date of birth (d/m/y) | <input type="checkbox"/> Male <input type="checkbox"/> Female |

2 Coverage Selection

Please indicate what coverage you are applying for.

- Do you want Optional Group Life Insurance for: yourself? Yes No spouse? Yes No
If yes, how much coverage do you want (in multiples of \$25,000 to a maximum of \$300,000) for: yourself? \$ _____ spouse? \$ _____
- Do you want Optional Group Life Insurance for your dependent child? Yes No

Please complete if spouse coverage has been selected.

| | | | |
|-----------------------|--------|-----------------------|---|
| Spouse's Name (First) | (Last) | Date of birth (d/m/y) | <input type="checkbox"/> Male <input type="checkbox"/> Female |
|-----------------------|--------|-----------------------|---|

3 Revocable Beneficiary Nomination (to be completed by the Member)

You may select the beneficiary of your choice for you and, if you have selected insurance for your spouse, your spouse's insurance. You may change your beneficiary for your insurance, or your spouse's insurance, at any time without the beneficiary's consent. However, in Quebec, the designation of your spouse as your beneficiary is irrevocable (i.e. his or her consent is required to change it) unless you specify otherwise (see below). If your beneficiary is a minor, contact your Plan Administrator.

Beneficiary for Employee Optional Life Benefit

| | | |
|----------------------------|--------|--|
| Beneficiary's Name (First) | (Last) | Relationship to Member <input type="checkbox"/> Spouse <input type="checkbox"/> Common-law Spouse <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Other (i.e. fiancé, parent, friend) |
|----------------------------|--------|--|

Where Quebec law applies, a spouse beneficiary is irrevocable unless you make the designation revocable by checking here: Revocable

Beneficiary for Spousal Optional Life Benefit

| | | |
|----------------------------|--------|--|
| Beneficiary's Name (First) | (Last) | Relationship to Member <input type="checkbox"/> Spouse <input type="checkbox"/> Common-law Spouse <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Other (i.e. fiancé, parent, friend) |
|----------------------------|--------|--|

4 Member Authorization

You must be authorized to disclose information about your spouse and dependents in order to enrol them in the Plan.

By enrolling in this Plan, I authorize Sun Life Assurance Company of Canada, its agents and service providers, reinsurers and Capital Estate Planning retained by the plan sponsor to administer this group plan, to use and exchange information collected in this form to underwrite, administer and adjudicate claims.

I agree to pay the required premium contributions through the Pre-Authorized Chequing Plan arrangement. A photocopy or electronic version of this authorization is as valid as the original.

| | |
|-----------------------------------|--------------|
| Signature of Member (in ink) X | Date (d/m/y) |
|-----------------------------------|--------------|

Authorization for Pre-Authorized Chequing Plan



Sun Life Assurance Company of Canada, a member of the Sun Life Financial group of companies, is committed to keeping your information confidential.

Account Information

Complete this section in full and attach a "void" cheque from the account.

Type of account (✓ one only). Current Chequing Personal Chequing Savings Chequing

| | | |
|---|---------|---|
| Branch No/Inst. No | Transit | Account Number |
| Name and Address of Bank, Trust Company or Credit Union for above account | | Depositor(s) name as shown on Bank Record |
| | | |
| | | |

Sun Life Assurance Company of Canada is requested and authorized under the Pre-Authorized Chequing Plan to draw cheques in its favour under the Pre-authorized Chequing Plan, on any account that I may designate from time to time, for the purpose of paying insurance premiums for Optional Group Life Insurance under the Contract No. indicated on this form. The Bank, Trust Company, or Credit Union is authorized to deal with the attached "void" cheque as though it were signed by me. This authorization is subject to the conditions outlined below.

| | |
|---------------------------------|---|
| Signature(s) of Depositors X | Address of Depositor(s) |
| X | |
| Date (d/m/y) | Telephone number of Depositor(s) Daytime () Evening () |

Joint Accounts: All depositors must sign the authorization if more than one signature is required on cheques issued against the account.

Corporate Accounts: Authorized signatures are required.

Conditions

1. Sun Life Assurance Company of Canada will notify the Payor of the contract number and certificate number to which the funds will be applied.
2. While the Pre-authorized Chequing Plan is in effect, the method of payment will be monthly.
3. The Pre-authorized Chequing Plan will be cancelled on the date the Payor's Optional Group Life Insurance has been cancelled.
4. The expression "cheque" used in this request and in these Conditions includes any magnetic or computer-produced paper tape that is or purports to be a direction to credit an amount to Sun Life Assurance Company of Canada and to debit such amount to the account described above.

Statement of Health for Optional Group Life Insurance



Sun Life Assurance Company of Canada, a member of the Sun Life Financial group of companies, is committed to keeping your information confidential.

1 Member Information

Please (✓) type of application. New Change of Information
(Show changes in appropriate section.)

| | | | |
|-----------------------|--------|-----------------------|---|
| Plan Sponsor's Name | | Contract Number | Member ID or S.I.N. |
| Member's Name (First) | (Last) | Date of birth (d/m/y) | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Spouse's Name (First) | (Last) | Date of birth (d/m/y) | <input type="checkbox"/> Male <input type="checkbox"/> Female |

| | | | |
|--|----------|--|----------|
| Member: | | Spouse: | |
| Current Optional Group Life Insurance | \$ _____ | Current Optional Group Life Insurance | \$ _____ |
| Increase Optional Group Life Insurance | \$ _____ | Increase Optional Group Life Insurance | \$ _____ |
| Total Optional Group Life Insurance | \$ _____ | Total Optional Group Life Insurance | \$ _____ |

2 Statement of Health for Member and Spouse

| | | | |
|---------------------------------------|--|---------------------------------------|--|
| 1. Member: | | Spouse: | |
| Exact Height _____ () m/cm () ft/in | | Exact Height _____ () m/cm () ft/in | |
| Exact Weight _____ () kgs () lbs | | Exact Weight _____ () kgs () lbs | |

| | Member | Spouse |
|---|--|--|
| 2. Have you ever been treated for or diagnosed as having heart or circulatory problems or high blood pressure? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3. Have you ever been treated for or diagnosed as having diabetes, cancer, tumors, mental/nervous disorders or Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC), positive HIV test or any other immunological disorder? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 4. Have you ever been treated for or diagnosed as having respiratory, digestive or kidney problems? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 5. Do you have any reason to believe you will require medical or surgical treatment (other than pregnancy) in the next 12 months? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 6. Within the past five years have you ever received any treatment or participated in any program related to alcohol or drug use (legal or illegal)? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 7. Have you visited a physician twice or more in the past five years for the same ailment, illness or injury not mentioned above? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 8. Have you had any application for insurance declined, rated or modified in any way in the past five years? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 9. Have you engaged in or do you intend to engage in any hazardous activity such as recreational flying, motorized racing, underwater diving, ballooning, skydiving or parachuting, hang gliding, parakiting, or ultra-light flying? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 10. Have you used tobacco products within the past 12 months? | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |

Statement of Health for Optional Group Life Insurance



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2 Statement of Health for Member and Spouse (continued)

If "Yes" has been answered for questions 2 to 9, please identify the question and provide full details in the appropriate section below (If more space is needed, use a separate page). Sun Life Assurance Company of Canada may require additional medical information which must be submitted at your expense, unless prohibited by law.

| Member | Spouse |
|--------|--------|
| | |
| | |
| | |
| | |

3 Member Authorization

Sun Life Assurance Company of Canada must receive your complete Statement of Health within 60 days of the date you complete, sign and date the form, otherwise you will need to submit a new Statement of Health.

I understand that I may be refused group benefits if, in the opinion of Sun Life Assurance Company of Canada, I am not insurable.

I apply for Optional Group Life Insurance for which I am or may become eligible under this group contract, according to the information I have provided on this form. I declare that the statements I have made on this form are complete and true. I understand that if any statement is incomplete or false, any Optional Group Life Insurance may be voided.

I authorize Sun Life Assurance Company of Canada, its agents and service providers to use and exchange information needed for underwriting, administration and adjudicating claims under this group contract with any person or organization who has relevant information about me in conjunction with this Application, including Capital Estate Planning retained by my plan sponsor to administer this group contract, health professionals, institutions, insurer and reinsurers.

I agree that a photocopy or electronic version is as valid as the original and shall continue to have effect throughout the duration of my coverage under this group contract.

| | | |
|-----------------------------------|--------------|-----------------------|
| Signature of Member (in ink) X | Date (d/m/y) | Province of Residence |
|-----------------------------------|--------------|-----------------------|

(If spouse insurance selected)

| | | |
|-----------------------------------|--------------|-----------------------|
| Signature of Spouse (in ink) X | Date (d/m/y) | Province of Residence |
|-----------------------------------|--------------|-----------------------|

To be signed by the member if insurance for the spouse is selected. I concur with the above statements made by my spouse as being complete and true, and I agree that if any statement is incomplete or false, any Optional Group Life Insurance granted for my spouse may be voided.

| | | |
|-----------------------------------|--------------|-----------------------|
| Signature of Member (in ink) X | Date (d/m/y) | Province of Residence |
|-----------------------------------|--------------|-----------------------|