

Optional Group Term Life Insurance

Your group insurance plan is designed to provide for your family at a time when they need it most. But not all families are the same and your insurance needs may be different than those of your co-workers. Optional Term Life Insurance provides the added protection your family needs over and above your Group Life Insurance.

You can apply for up to \$200,000 on your life as well as up to \$200,000 on the life of your spouse plus \$5,000 on each of your dependent children.

You are also eligible to apply for up to \$400,000 of Accidental Death and Dismemberment (AD&D) coverage. This benefit is payable in addition to your basic Term Life Protection for death resulting from accidental causes. Dismemberment benefits are available to compensate you for accidental losses of limbs, speech, eyesight or hearing.

VALUABLE COVERAGE

Low Cost

The large number of groups and members with Optional Life Insurance makes it possible for Canada Life to offer you special low premium rates. You may also qualify for preferred non-smoker rates. Premium payment is easy through pre-authorized chequing.

Flexibility

Optional Life Insurance is available in units of \$50,000 to a maximum of \$200,000 for both you and your spouse. Choose the coverage you need now. As your needs change, you can apply for additional coverage up to the maximum.

Waiver of Premium

If you become totally disabled, all premiums falling due after the first six months of continuous disability will be waived while disability continues.

WHO IS ELIGIBLE?

Optional Life is available to you and your spouse as long as you both are under age 65 and you are a member of one of the following groups:

- Clients of Capital Estate Planning Corporation
- Alberta Public Sector Permanent and Support Staff
- Alberta Teachers Association
- Rural/Urban Municipality Permanent and Support Staff
- Alberta School Districts & Academic Institutions Permanent and Support Staff

COMPLETING THE APPLICATION FORM

It's easy to apply for Optional Life Insurance. Just complete the personal information section of the application form, choose the amount of coverage you and your spouse wish and then answer the health questions. Once you have read the declarations, sign and date the form and return it to:

Capital Estate Planning Corporation
Group Benefits Department
4222 - 97th Street
Edmonton, Alberta T6E 5Z9
Call toll free 1-800-661-8755
Or (780) 463-6128
Fax #: (780) 462-7-523

www.capitalestateplanning.com
e-mail address: strategies@capital-planning.ca

Laboratory tests and/or medical examination may be required, based on the amount of insurance that you have applied for and your age.

Your coverage will be effective on the first of the month following or coinciding with the date your application is approved by Canada Life.

The monthly premium will change on the first of the month following or coinciding with an increase in age that moves you to the next higher age band.

PROTECTION YOU CAN COUNT ON

Your Optional Life Insurance is administered by Capital Estate Planning Corporation and underwritten by The Canada Life Assurance Company, an established provider of high quality insurance products.

PROTECTING YOUR PERSONAL INFORMATION

At The Canada Life Assurance Company, we recognize and respect the importance of privacy. When coverage is applied for, we establish a confidential file that contains your personal information that is kept in the offices of Canada Life or the offices of an organization authorized by Canada Life. You may exercise certain rights of access and rectification with respect to the information in your file by sending a request in writing to Canada Life. Canada Life may use service providers located within or outside Canada. We limit access to personal information in such files to Canada Life staff or persons authorized by Canada Life who require it to perform their duties and to persons to whom you have granted access. Your personal information may be subject to disclosure to those authorized under applicable law within or outside Canada. Any questions about privacy should be sent in writing to the attention of the Chief Compliance Officer at Canada Life, 330 University Avenue, Toronto, ON M5G 1R8.

MIB NOTIFICATION - PLEASE READ CAREFULLY

Information regarding your insurability will be treated confidentially, as set out above. The Canada Life Assurance Company, or its reinsurer(s) may, however, make a brief report thereon to MIB, a not-for-profit membership organization of insurance companies, which operates an information exchange on behalf of its Members. If you apply to another MIB Member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, MIB, upon request, will supply such company with the information in its file. Upon receipt of a request from you, MIB will arrange disclosure of any information it may have in your file. Please contact MIB at the address below. If you question the accuracy of information in MIB's file, you may contact MIB and seek a correction, by contacting the MIB at the address below. The Canada Life Assurance Company ("Canada Life"), or its reinsurer(s), may also release information in its file to other insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted.

Canadian Information Office address:
Medical Information Bureau (MIB)
330 University Avenue, Suite 501
Toronto, Ontario M5G 1R7
(416) 597-0590

NOTIFICATION - PLEASE READ CAREFULLY

Information regarding your insurability will be treated as confidential. Canada Life Assurance Company or its reinsurer(s) may, however, make a brief report thereon to the Medical Information Bureau, a non-profit membership organization of insurance companies, which operates an information exchange on behalf of its members. If you apply to another bureau member for life or health insurance coverage, or a claim for benefits is submitted, MIB, upon request will supply such company with the information in its file.

Information disclosures may be arranged by you on written request to the MIB. If you question the accuracy of information, you may contact MIB and seek a correction.

Canada Life, or its reinsurer(s), may also release information to other insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted.

Address: The Medical Information Bureau,
330 University Avenue, Suite 501,
Toronto, Ontario M5G 1R7
Telephone: (416) 597-0590



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APPLICANT

SPOUSE (if enrolling)

Surname First Name(s)

Surname First Name(s)

Address: City:

Province: Postal Code: Home Phone number:

	Applying for Life:	Existing Coverage:	Total Coverage:
Member:	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Spouse:	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

Dependent Life Yes \$5,000 coverage at \$1.50 per month
 No
 Accidental Death and Dismemberment Member Only
 Family Amount of coverage \$

(Please refer to rate chart on side 2)

Business Phone ()

Business Phone ()

Occupation
(if self employed please give details)

Occupation
(if self employed please give details)

Date of Birth / / Age
D M Y

Date of Birth / / Age
D M Y

Sex M F Height Weight

Sex M F Height Weight

Beneficiary (Please print full name)

Beneficiary's Relationship To applicant

Will this policy replace or change any existing life insurance or annuity policy with any other insurer?

YES NO

If "yes", state name of the insurer
 The insurer has the right to decline an application which indicates replacement is intended.

Will this policy replace or change any existing life insurance or annuity policy with any other insurer?

YES NO

If "yes", state name of the insurer
 The insurer has the right to decline an application which indicates replacement is intended.

If the answer is "yes" to any of the following questions, circle condition and give details on the reverse. If this space is insufficient, please print the information on additional paper, duly signed and dated, and attach it to this form. (please initial any changes you have made to this document)

APPLICANT

SPOUSE

1. Have you ever had or been treated for heart trouble, high blood pressure, ulcerative colitis, kidney disorder, any mental or nervous disorder, alcoholism, lung disorder, cancer or tumours?
2. Have you ever had or been told you had Acquired Immune Deficiency Syndrome, AIDS Related Complex, or had a positive blood test for the HIV virus?
3. Have you ever applied for life or health insurance, which has been declined, rated or modified in any way?
4. Have you currently, or during the last five years, consulted a Physician or received treatment for any disease, ailment, injury or mental disorder not included in item 1?
5. Have you used any tobacco products or nicotine substitutes within the last 12 months?
6. Are you involved in the operation of an aircraft or involved in any hazardous sport?
7. Have you any condition for which hospitalization or surgery has been advised or is contemplated within the next year?

Yes No

Yes No

Yes No

Yes No

Yes No

Yes No

Yes No

Yes No

Yes No

Yes No

Yes No

Yes No

Yes No

Yes No

CONTINUE ON THE REVERSE, PLEASE BE SURE TO COMPLETE SIDE TWO

Question #	Applicant/Spouse	Nature of Ailment	Date & Duration	Treatment/Results	Names and Full Addresses of Doctors and Hospitals

I declare that all the statements are true and the answers given in this application and any questionnaire or declaration of insurability completed in connection with this application are, to the best of my knowledge and belief, true; and agree that they shall form part of the policy. I understand that the rates for the policy applied for are based on my smoking habits. If I mistake these habits, the policy may be voidable by the Canada Life Assurance Company.

The coverage shall not take effect until this application has been approved by Canada Life and the first premium has been paid.

I acknowledge receiving the "NOTIFICATION" regarding the Medical Information Bureau as fully described in this package.

I authorize any physician, medical practitioner, hospital, or other medical-care facility, any insurance or reinsurance company, my employer, any financial institution, person information agent, detective or security agency, any body having as its objective the prevention, detection, or repression of crime or statutory offense, any market intermediary / insurance representative, or consumer reporting agency having information available as the diagnosis, treatment, advice, or medical care of any physical or mental condition, and use of drugs or alcohol, and/or any non-medical information of me, to give to the Canada Life Assurance Company, or its legal representatives, any and all such information necessary for the risk assessment or investigation of any claim. I authorize The Canada Life Assurance Company and its reinsurer(s), or its authorized representatives and insurance support organizations to obtain any medical or non-medical information necessary for the risk of assessment or investigation of any claim. I authorize the Medical Information Bureau Inc. to give to The Canada Life Assurance Company or its reinsurer(s) any and all medical and non-medical information that it may have about me necessary for the risk of assessment or the investigation of any claim. I agree that a photocopy of this authorization shall be as valid as the original. I understand that the policy may be null and void if I make a material misrepresentation.

At The Canada Life Assurance Company, we recognize and respect the importance of privacy. When you apply for coverage, we establish a confidential file that contains your personal information. This file is kept in the offices of Canada Life or the offices of an organization authorized by Canada Life. You may exercise rights of access and rectification with respect to the information in your file by sending a request in writing to any Canada Life office. We limit access to personal information in your file to Canada Life staff or persons authorized by Canada Life who require it to perform their duties, to persons to whom you have granted access, and to persons authorized by law. We collect, use and disclose the personal information to process this application and, if this application is approved, provide and service financial product(s) applied for, advise you of products and services to help you plan for your financial security, investigate and process claims, and create and maintain records concerning our relationship.

I authorize The Canada Life Assurance Company to collect, use and disclose my personal information to (a) process my application and administer the insurance coverage; (b) investigate and pay claims; (c) comply legal and regulatory requirements, and (d) promote and market additional products, goods and services offered by The Canada Life Assurance Company, including by means of direct marketing. I reserve the right to refuse or withdraw consent to (d) by providing notice to The Canada Life Assurance Company.

I do not wish to consent to section (d).

Signature of Applicant _____ Date _____ Signature of Spouse _____ Date _____

PAYMENT AUTHORIZATION

A. CHEQUING ACCOUNT AUTHORIZATION

I request and authorize The Canada Life Assurance Company to make monthly withdrawals from my personal chequing account specified on the attached specimen cheque or any account subsequently named by me, and such financial institution(s) to process these withdrawals as if I had signed them, for the purpose of collecting premiums under this plan. If the said account is replaced by an account in another financial institution, this request and authorization shall also apply to such other financial institution.

X _____ / /
Signature(s) as required on cheques issued against the account. Date

PLEASE ATTACH A SPECIMEN CHEQUE MARKED "VOID".

MONTHLY PREMIUM PAYABLE FOR EACH \$ 50,000 OF TERM LIFE INSURANCE

Age of Member Or Spouse	Female * Non Smoker		Female Smoker		Male * Non Smoker		Male Smoker	
	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual
Under 35	4.65	30.00	6.75	55.00	5.95	45.00	8.55	80.00
35-39	5.40	40.00	7.25	65.00	7.00	60.00	9.90	95.00
40-44	6.75	55.00	10.65	105.00	9.35	90.00	15.15	160.00
45-49	8.55	80.00	13.30	135.00	13.05	135.00	20.40	220.00
50-54	12.00	120.00	17.75	190.00	22.50	245.00	33.50	380.00
55-59	17.25	185.00	23.00	250.00	30.90	345.00	48.20	555.00
60-64	25.10	275.00	33.50	380.00	45.05	515.00	70.25	820.00
65-69**	21.95	240.00	27.45	305.00	36.90	420.00	55.05	635.00

* Non - Smoker Rates apply if you have not used any form of tobacco product in the last 12 months.

**Renewal only. Coverage is reduced by 50 percent at age 65 and expires at attained age 70.

Dependant Life Insurance - \$5,000 coverage at \$1.50 per month (regardless of the number of children insured). **AD&D** - Member only - \$2.50 per month only per \$50,000 coverage. Family (member, spouse, dependants) - \$4.50 per month per \$50,000 coverage for member and spouse which includes a maximum of \$5,000 for each dependant child. You must apply for life insurance coverage if you wish dependent life and/or AD&D coverage.

