

## Enrolment Form

The *Designation of Beneficiary* form must be completed and attached to this form.

SECTION A: EMPLOYEE INFORMATION (Please print)		
Employee Last Name	Employee First Name and Initial	Employee Number
Spouse Last Name (if applicable)	Spouse First Name and Initial	Social Insurance Number
Please check one:      Permanent Employee      Non-permanent Employee		
SECTION B: TO BE COMPLETED BY THE EMPLOYEE (See information on reverse)		
Please check the level of insurance requested:		
<b>Basic Life Insurance</b>		
Basic Life Insurance:	Basic coverage is equal to two times (2x) annual earnings.	
<b>Optional Life Insurance</b>		
Optional Life Insurance	Optional coverage is equal to Basic Life Insurance PLUS units of \$10,000 of coverage to a maximum total coverage of \$500,000 (Employee) units of \$10,000 of coverage to a maximum of 10 units/\$100,000 (Spouse)	
<b>Employee - Optional Insurance (max. coverage of \$500,000)</b>		
Date of Birth _____		
I elect _____ units at \$ _____ per unit	Male	Female
	Smoker	Non-Smoker
<b>Spouse - Optional Insurance (max. coverage of \$100,000)</b>		
Date of Birth _____		
I elect _____ units at \$ _____ per unit	Male	Female
	Smoker	Non-Smoker
I authorize my employer to deduct from my salary such amounts as may be required for the above Employee and/or Spouse insurance coverage.		
Signature of Employee		Date (day/month/year)
_____		_____
Signature of Witness		Date (day/month/year)
_____		_____
I wish to apply for Spousal Optional Life Insurance coverage as indicated above.		
Signature of Spouse		Date (day/month/year)
_____		_____
Signature of Witness		Date (day/month/year)
_____		_____
SECTION C: TO BE COMPLETED BY THE EMPLOYER		
Please check one of the following: For Retirements and Death Claims - attach a copy of Optional Coverage approval letter/email if applicable.		
Termination	Retirement	Disability
		Employee Death
		Dependent Death
Employee's Mailing Address (Street, Box #, Ste. #)		City
		Province
		Postal Code
Employee's Birthdate (d/m/y)	Date of Employment (d/m/y)	Date Last Worked (d/m/y)
Date Premium Last Remitted (d/m/y)	Premiums Paid To (d/m/y)	Amount of Last Employee Premium
		\$
Basic Annual Salary	Total Amount of Insurance in Force	Division Number
\$	\$	

## Coverage

Insurance coverage includes the following:

- employee life
- dependent life (spouse and dependent children)
- accidental death and dismemberment (employee life only)
- spousal optional life

## Annual Earnings

Annual Earnings for a Permanent Employee means basic annual salary rounded up to the next higher \$500 if not already a multiple of \$500.

Annual Earnings for a Non-permanent Employee means basic annual salary as determined by the Non-permanent Employee's Participating Employer.

## Conversion Option

The Group Life Insurance policy contains a Conversion Option.

Where the insurance of an employee terminates, the employee and/or spouse may be entitled to purchase an individual policy from the insurance carrier for any amount of insurance up to a maximum of the level in effect immediately prior to the termination of coverage under the Group Life Insurance Plan.

To apply for the conversion option the employee and/or spouse must, within 31 days of coverage terminating:

- contact Planner at (306)787-3440 to request a Conversion Option Notification Form; and
- contact Great-West Life Assurance at 1-888-495-7275 to make written application for an individual policy, and submit the first premium payment.

The conversion option will not be available if the above steps are not completed within 31 days of coverage terminating under the Plan.

## Optional Life Insurance Coverage – Employee/Spouse

Monthly Premium per \$10,000 Unit:

Age	Non-smoker Status		Smoker Status	
	Male	Female	Male	Female
Less than 30	\$0.45	\$0.37	\$0.75	\$0.53
30-39	0.47	0.45	1.05	0.79
40-44	0.93	0.68	2.05	1.39
45-49	1.59	1.06	3.57	2.45
50-54	2.84	1.79	5.62	3.70
55-59	4.50	2.84	9.40	5.76
60-64	6.56	4.63	11.98	7.55
65-69	10.23	7.22	18.68	11.77
70-74	17.58	12.36	30.47	19.57
75-79	29.00	20.54	49.38	32.52
80-84	45.28	36.30	76.41	55.45

### Note:

If Employee or Spousal Optional Life Insurance is elected, satisfactory medical evidence of insurability (i.e., Optional Group Life Insurance Application - Medical and Lifestyle Questionnaire) must be reviewed and approved by the Insurance Carrier before the Optional Life Insurance coverage will be granted.

## Employee Responsibility

It is the employee's responsibility to keep current on his/her Group Life Insurance coverage.

The employee is responsible for checking with his/her employer in meeting the requirements for continuing Group Life Insurance coverage during any period of lay-off or leave of absence.

If an employee elects to continue Group Life Insurance coverage during a period of lay-off or leave of absence, the Lay-off/Leave of Absence Form must be completed and the premiums paid prior to the commencement of the lay-off/leave of absence.

Failure to pay premiums on a regular and timely basis shall constitute termination of coverage under the Group Life Insurance Plan.

An employee who does not elect to continue coverage waives all rights to make a claim against the Plan while on lay-off/leave of absence.

Coverage under the Group Life Insurance Plan cannot be obtained retroactively.

**Where Spousal Optional Life Insurance is in effect, the employee must advise his Human Resource Service Centre immediately of any change in marital status.**