Service*Plus* Lifestyle Protection Plan
GROUP LIFE INSURANCE APPLICATION FORM

How to apply:

1. The form on the following page can be filled out online. Simply click in each text box that is relevant to your application and type in the requested information. You can also use the Tab button to move to the next text box. Click the appropriate box to respond to Yes or No questions.

2. Because we need a physical signature, when you've completed the online form, you need to print it out, sign and date (as well as your spouse, if applying for spousal coverage).

3. Once you've signed, please mail in your form to:

   Coughin & Associates Ltd.
   PIPSC
   PO Box 3517 Stn C
   Ottawa, ON K1Y 4H5

PIPSC Lifestyle Protection Plan

GROUP LIFE INSURANCE

Side 1

Member information

Once complete, the application form must be mailed to the plan administrator, Coughlin & Associates Ltd., PO Box 3517, Station C, Ottawa, ON K1Y 4H5.

Membership Number: PIPSC Policy Number: **155000/ 155150** Preferred Language ❍ English or ❍ French

Last name First name Initial Gender ❍ Male ❍ Female

Address City Province Postal code

Home phone number Work phone number E-mail

Date of birth (YEAR — MONTH — DAY) Height ❍ ft/in. or ❍ cm Weight ❍ lbs. or ❍ kg

Spousal information, if applicable

Last name First name Initial Gender ❍ Male ❍ Female

Date of birth (YEAR — MONTH — DAY) Height ❍ ft/in. or ❍ cm Weight ❍ lbs. or ❍ kg

Children's coverage

❍ *I apply for coverage on my child(ren) in the amount of $12,000 for each child and attest that he/she is in good health. An eligible child is over the age of 14 days but under 21 years of age; or at least 21 years of age but less than 25 years of age if full-time student. The total cost of life and accidental death & dismemberment coverage for children is $1 per month per family.*

Last name First name Date of birth (YEAR — MONTH — DAY)

Last name First name Date of birth (YEAR — MONTH — DAY)

Last name First name Date of birth (YEAR — MONTH — DAY)

Member's beneficiary designation

Last name First name

Date of birth (YEAR — MONTH — DAY) Relationship

The beneficiary for the spouse's and children's coverage will be the member, if living, otherwise the member's estate. Where Québec law applies, a spouse beneficiary is irrevocable (cannot be changed) unless you make the designation revocable by checking here: ❍ Revocable

Member coverage: $ **Spouse coverage:** $

(Must be in increments of $50,000)

Medical questionnaire

	Member		Spouse	
1. Have you smoked cigarettes in the past 12 months?	☐ Yes	☐ No	☐ Yes	☐ No
2. Do you have any knowledge of any condition now existing that might require hospitalization or future surgical or psychiatric treatment?	☐ Yes	☐ No	☐ Yes	☐ No
3. Have you ever applied for life or health insurance that has been declined, postponed or modified in any way?	☐ Yes	☐ No	☐ Yes	☐ No
4. Do you have any reason to believe that you are not now in first-class health and free from any symptoms of disease?	☐ Yes	☐ No	☐ Yes	☐ No
5. Do you currently participate in any hazardous activity such as scuba diving, piloting aircraft, auto racing, sky diving, hang gliding, motorcycle racing etc? If yes, please specify:__________	☐ Yes	☐ No	☐ Yes	☐ No
6. Have you ever received medical or surgical attention because of illness or injury?	☐ Yes	☐ No	☐ Yes	☐ No
7. During the past five years, have you had X-rays, electrocardiograms, blood or other special tests for other than regular medical check-ups?	☐ Yes	☐ No	☐ Yes	☐ No
8. Have you had heart trouble, pain or tightness in the chest, high or low blood pressure, any blood disorder, any intestinal disorders, any thyroid disorder, AIDS or other disorder of the immune system or test results exposure to the AIDS virus (HIV), asthma, tuberculosis or any lung disorder, cancer tumors, hepatitis, any liver disorder, any kidney disorder or blood, albumin or sugar in your urine, rheumatic fever, paralysis or disorder of the muscles or bones, including joints, spine and skin?	☐ Yes	☐ No	☐ Yes	☐ No

If "yes" to any question, please provide details in the space below including the following: a) details or name of condition; b) treatment and results (recovery or remaining effects); c) names and addresses of doctors and hospitals; and d) date of treatment.

Member

Spouse

PIPSC Lifestyle Protection Plan
GROUP LIFE INSURANCE

Side 2

Monthly premium rates*

The following are the monthly premiums for each $50,000 unit of coverage. The maximum life insurance coverage available is $500,000 for members and $500,000 for spouses including the accidental death & dismemberment at no extra cost. Premiums are based on the age, gender and smoking status of the applicant. The maximum life insurance coverage available at age 65 is $150,000 and terminates at age 70.

**** Your rates will increase to the next age band on the April 1 following your attainment of a higher age range.***

Male Non-Smoker	$50,000	$100,000	$150,000	$200,000	$250,000	$300,000	$350,000	$400,000	$450,000	$500,000
To age 29	$2.28	$4.56	$6.84	$9.12	$11.40	$13.68	$15.96	$18.24	$20.52	$22.80
30-34	$2.28	$4.56	$6.84	$9.12	$11.40	$13.68	$15.96	$18.24	$20.52	$22.80
35-39	$2.96	$5.92	$8.88	$11.84	$14.80	$17.76	$20.72	$23.68	$26.64	$29.60
40-44	$4.22	$8.44	$12.66	$16.88	$21.10	$25.32	$29.54	$33.76	$37.98	$42.20
45-49	$7.18	$14.36	$21.54	$28.72	$35.90	$43.08	$50.26	$57.44	$64.62	$71.80
50-54	$11.80	$23.60	$35.40	$47.20	$59.00	$70.80	$82.60	$94.40	$106.20	$118.00
55-59	$18.42	$36.84	$55.26	$73.68	$92.10	$110.52	$128.94	$147.36	$165.78	$184.20
60-64	$28.60	$57.20	$85.80	$114.40	$143.00	$171.60	$200.20	$228.80	$257.40	$286.00
65-69	$38.80	$77.60	$116.40	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Male Smoker	**$50,000**	**$100,000**	**$150,000**	**$200,000**	**$250,000**	**$300,000**	**$350,000**	**$400,000**	**$450,000**	**$500,000**
To age 29	$2.68	$5.36	$8.04	$10.72	$13.40	$16.08	$18.76	$21.44	$24.12	$26.80
30-34	$2.68	$5.36	$8.04	$10.72	$13.40	$16.08	$18.76	$21.44	$24.12	$26.80
35-39	$3.48	$6.96	$10.44	$13.92	$17.40	$20.88	$24.36	$27.84	$31.32	$34.80
40-44	$4.98	$9.96	$14.94	$19.92	$24.90	$29.88	$34.86	$39.84	$44.82	$49.80
45-49	$8.44	$16.88	$25.32	$33.76	$42.20	$50.64	$59.08	$67.52	$75.96	$84.40
50-54	$13.88	$27.76	$41.64	$55.52	$69.40	$83.28	$97.16	$111.04	$124.92	$138.80
55-59	$21.66	$43.32	$64.98	$86.64	$108.30	$129.96	$151.62	$173.28	$194.94	$216.60
60-64	$33.66	$67.32	$100.98	$134.64	$168.30	$201.96	$235.62	$269.28	$302.94	$336.60
65-69	$45.64	$91.28	$136.92	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Female Non-Smoker	**$50,000**	**$100,000**	**$150,000**	**$200,000**	**$250,000**	**$300,000**	**$350,000**	**$400,000**	**$450,000**	**$500,000**
To age 29	$1.42	$2.84	$4.26	$5.68	$7.10	$8.52	$9.94	$11.36	$12.78	$14.20
30-34	$1.56	$3.12	$4.68	$6.24	$7.80	$9.36	$10.92	$12.48	$14.04	$15.60
35-39	$1.82	$3.64	$5.46	$7.28	$9.10	$10.92	$12.74	$14.56	$16.38	$18.20
40-44	$2.34	$4.68	$7.02	$9.36	$11.70	$14.04	$16.38	$18.72	$21.06	$23.40
45-49	$3.90	$7.80	$11.70	$15.60	$19.50	$23.40	$27.30	$31.20	$35.10	$39.00
50-54	$6.50	$13.00	$19.50	$26.00	$32.50	$39.00	$45.50	$52.00	$58.50	$65.00
55-59	$10.62	$21.24	$31.86	$42.48	$53.10	$63.72	$74.34	$84.96	$95.58	$106.20
60-64	$14.74	$29.48	$44.22	$58.96	$73.70	$88.44	$103.18	$117.92	$132.66	$147.40
65-69	$22.32	$44.64	$66.96	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Female Smoker	**$50,000**	**$100,000**	**$150,000**	**$200,000**	**$250,000**	**$300,000**	**$350,000**	**$400,000**	**$450,000**	**$500,000**
To age 29	$1.66	$3.32	$4.98	$6.64	$8.30	$9.96	$11.62	$13.28	$14.94	$16.60
30-34	$1.84	$3.68	$5.52	$7.36	$9.20	$11.04	$12.88	$14.72	$16.56	$18.40
35-39	$2.14	$4.28	$6.42	$8.56	$10.70	$12.84	$14.98	$17.12	$19.26	$21.40
40-44	$2.76	$5.52	$8.28	$11.04	$13.80	$16.56	$19.32	$22.08	$24.84	$27.60
45-49	$4.58	$9.16	$13.74	$18.32	$22.90	$27.48	$32.06	$36.64	$41.22	$45.80
50-54	$7.66	$15.32	$22.98	$30.64	$38.30	$45.96	$53.62	$61.28	$68.94	$76.60
55-59	$12.50	$25.00	$37.50	$50.00	$62.50	$75.00	$87.50	$100.00	$112.50	$125.00
60-64	$17.34	$34.68	$52.02	$69.36	$86.70	$104.04	$121.38	$138.72	$156.06	$173.40
65-69	$26.26	$52.52	$78.78	N/A	N/A	N/A	N/A	N/A	N/A	N/A

Authorization and declaration

The foregoing information will be used by Great-West Life to determine your insurability and to provide benefits under this plan.

I authorize: Great-West, any health care provider, my plan administrator, other insurance companies, the Medical Information Bureau, other organizations, or benefit service providers working with Great-West to exchange information, when necessary to determine my insurability and to administer the group benefit plan and Great-West to perform tests, examinations, blood profiles and urinalysis tests as may be required to determine my insurability in connection with this application.

I certify or confirm that: I am a member in good standing or staff of PIPSC, or spouse of same, the date this application is signed; I have read and agree with the Important Notice describing the procedures of the Medical Information Bureau; I have retained a copy of this application. If applying for coverage for dependants, I am authorized to act on their behalf; a photocopy or an electronic copy of this authorization is as valid as the original.

The statements and answers on this form will be used to determine your insurability and to provide benefits under this plan. Any changes in the accuracy of any of the statements and answers on the form between the date this form is signed and the date Great-West makes a decision must be reported to Great-West. I understand that if I fail to do so, any coverage granted may be void.

I declare that to the best of my knowledge, all of the above answers to the questions are complete and true. I understand that if any answer is incomplete or false, any coverage granted may be void. I understand that I may be refused coverage for all or part of any benefit if, in the opinion of Great-West, I am not insurable for all or part of that benefit.

For Québec applicants: I request that all communication and documents be in English. Je demande à ce que toutes les communications et tous les documents soient en anglais.

Member signature *(Mandatory)* Date

Spouse signature *(For spousal coverage only)* Date

Protecting your personal information The administrator of your group benefit plan is Coughlin & Associates Ltd. At Coughlin, we recognize and respect every individual's right to privacy. When personal information is provided to us, we establish a confidential file that is kept in the offices of Coughlin, or the offices of an organization authorized by Coughlin. We use the information to administer your group benefits plan. We limit access to information in your file to Coughlin staff or persons authorized by Coughlin who require it to perform their duties, to persons to whom you have granted access, and to persons authorized by law.