

1 IDENTIFICATION OF PARTICIPANT

1.1 Last Name

1.2 First Name

1.3 Social Insurance Number

2 GENERAL INFORMATION

2.1 Address

2.2 Postal Code

2.3 Telephone (at work)

2.4 Telephone (at home)

2.5 Birth Date

2.6 Gender

2.7 Language Preference

DESIGNATION OF SPOUSE

Last Name

First Name

Birth Date

Gender

3 PLANS

3.1 HEALTH INSURANCE PLAN (compulsory)

3.2 DENTAL CARE INSURANCE PLAN (optional)

3.3 COMPLEMENTARY PLAN I (compulsory)

APPLICATION

CHANGE

EVENT justifying the request for change. Indicate the date of the event (For items 2 to 8)

1. COHABITATION

2. MARRIAGE OR CIVIL UNION

3. ADOPTION

4. BIRTH

5. CUSTODY OF A CHILD

6. SEPARATION

7. DIVORCE

8. TERMINATION OF SPOUSE'S LIFE INSURANCE

4 BENEFICIARY

Name of the beneficiary(ies):

I hereby designate as my beneficiary in the event of my death:

Spouse (married or civil union) (1)

Common-law spouse (7)

Son(s)/daughter(s) (2)

Spouse (married or civil union) and son(s)/daughter(s) (6)

Father-mother (3)

Common-law spouse and son(s)/daughter(s) (8)

Brother(s)/sister(s) (4)

Beneficiary is revocable*

Beneficiary is irrevocable*

OR

Insurance proceeds payable to the Estate of the Participant

* Under Quebec law, when no beneficiary status is specified, designation of the married or civil union spouse is irrevocable and designation of any other beneficiary is revocable.



5 EMPLOYER

5.1 NAME OF ORGANIZATION

5.2 ESTABLISHMENT NO.

5.3 GROUP NO.

5.4 EMPLOYEE NO.

5.5 Date of employment

5.6 Date of eligibility

5.7 Date received from employee

5.8 EMPLOYMENT STATUS AND WAITING PERIOD FOR ELIGIBILITY

5.9 IS THE PARTICIPANT CURRENTLY ABSENT FROM WORK?

5.10 REVISION OF PERCENTAGE OF TIME WORKED

5.11 ANNUAL SALARY ACCORDING TO COLLECTIVE AGREEMENT

6 NON-SMOKER'S STATEMENT - for Optional Life Insurance

"I, the undersigned, declare that I do not smoke and have not smoked any tobacco products such as cigarettes, cigars, cigarillos, pipes, nor consumed any drugs during the past twelve (12) months. I understand that SSQ may periodically require confirmation of non-smoker status. A failure to provide this information shall result in the insured person's loss of non-smoker status and the associated premium reduction shall cease to apply as of the date of SSQ's request. I also acknowledge that a false or incomplete declaration may result in coverage becoming null and void."

Participant

Participant's Spouse

6.1 Date:

6.2 Signature:

6.3 Date:

6.4 Signature:

7 SIGNATURE

I hereby authorize my employer to deduct from my salary the premiums required for the plans selected. I authorize my employer and SSQ to use the above information, including my Social Insurance Number, for administrative purposes. I certify that the information I have provided on this form is true and complete to the best of my knowledge. Furthermore, I acknowledge having read the Personal Information and Insurance File notice provided on the back of this form and having kept a copy of this form.

7.1 Date:

7.2 Participant Signature:

8 RESERVED FOR SSQ

N° groupe

N° certificat

En vigueur

Classe

Adhèrent sélection

	MAL.	FRAIS DENT.	I.H.	R.I.P.	VIE	M.M.A.	VIE	M.M.A.	VIE	M.M.A.	RENTES SURV.		
BASE													
ADD.													

Adhèrent(e) fumeur(se) Oui

Non

Conjoint(e) fumeur(se) Oui

Non

Codifié par

le

Code certificat

White copy for SSQ — Yellow copy for Plan Administrator — Pink copy for Participant

FV3798A (2013-02)

CHOICE OF INSURANCE PROTECTION

Note 1

Eligible employees working 25% of full time or less must either participate in the Health Insurance Plan only or participate in all plans, on the condition that they participate in the Life Insurance and Short Term Disability coverage stipulated under the collective agreement, subject to the exemption entitlement.

Retirees who are rehired are not eligible for the APTS Group Insurance Plan.

Note 2

You must choose a coverage status (Individual, Single-Parent, Family or Exemption) for the Health Insurance Plan and, if applicable, for the Dental Care Insurance Plan.

The coverage status combinations **available** are as follows:

Health Insurance Plan (compulsory)	Dental Care Insurance Plan (optional)		
	Individual	Single-Parent	Family
Individual	Yes	No	No
Single-Parent	Yes	Yes	No
Family	Yes	Yes	Yes
Exemption	Yes	Yes	Yes

Note 3

Start of exemption

In accordance with Quebec's *Act respecting prescription drug insurance*, subject to the exemption entitlement, participation in the Basic Health Insurance Plan is compulsory as it provides prescription drug coverage. Therefore, you may decline or cease participation in health insurance under the condition that you establish that you and any of your dependents, where applicable, are insured under another plan with prescription drug coverage.

For the Dental Care Insurance Plan, participants may exercise their exemption entitlement if they provide proof that they are eligible for a compulsory public sector dental care plan which does not allow exemptions from coverage.

End of exemption

Participants who are exempted from participating in the Health Insurance Plan or Dental Care Insurance Plan may participate at a later date, provided they establish to the satisfaction of SSQ:

i) that they and their dependents, if any, were previously insured under this insurance plan or under another similar group insurance plan; and

ii) that it has become impossible for them, and their dependents, if any, to continue to be insured under the plan that allowed the exemption.

Note 4

The minimum duration of participation in the Intermediate Health Insurance, Superior Health Insurance and Dental Care Insurance plans is 48 months, effective as of the initial date of enrolment in the plan.

However, for the Health Insurance Plan, the participant may, on January 1 of each year, choose to participate in a **higher level** plan even if they have not completed the minimum duration of participation of 48 months.

For the rules that apply to the coming into force of these plans and to changes in coverage status, please refer to your insurance plan booklet.

Note 5

A participant may waive Participant's Basic Life Insurance provided he/she already has a minimum of \$25,000 in **individual** life insurance. To do so, the participant must complete the "Request to Waiver Participant's Basic Life Insurance Plan" form (FV4726A) usually available through their employer's Human Resources department and provide proof of this coverage. A participant who waives Basic Life Insurance is not eligible for Participant's Optional Life Insurance. A participant who later wishes to have Participant's Basic Life Insurance must submit a written request to SSQ and enclose evidence of insurability accepted by SSQ.

Note 6

Participation in Spouse's and Dependent Children's Life Insurance is compulsory with the same coverage status as the Health Insurance Plan. Therefore, participants with individual coverage status or an exemption for Health Insurance are not eligible to take out Spouse's or Dependent Children's Life Insurance.

Note 7

Evidence of insurability is always required.

A participant who waives Participant's Basic Life Insurance, is not eligible for Participant's Optional Life Insurance.

Participants may take out Spouse's Optional Life Insurance at any time.

In the "Change" column, enter the number corresponding to the coverage you want and the number of units you wish to add or remove. For example, if you have Optional Life Insurance coverage for 3 times your salary and you enter the number 2 on the line under "Decrease to" in the "Change" column, we will take one unit away from your amount of Optional Life Insurance coverage.

If an application is made for Participant's or Spouse's Optional Life Insurance, the person to be insured must be sure to complete the **non-smoker's statement** included under section 6 if they do not smoke.

Note 8

The participant must complete the "Right to Opt out of Long Term Disability Insurance Coverage" form and meet certain conditions. Please refer to section 1.3.1)c)iii) of the insurance booklet.

NOTICE

Personal Information Protection

To maintain the confidentiality of personal information, SSQ, Life Insurance Company Inc. will create an insurance file to hold information about your application for insurance, along with information about any insurance claims you make.

Access to your file will be restricted to those employees and authorized agents in charge of underwriting, investigations and claims, and any other person you may authorize.

Your file will be kept at SSQ's offices. You have the right to consult the personal information held in your file and, if necessary, to have this information rectified by submitting a request in writing to the following address:

Personal Information Protection Officer
SSQ, Life Insurance Company Inc.
2525 Laurier Blvd
P.O. Box 10500, Station Sainte-Foy
Quebec QC G1V 4H6

SSQ, Life Insurance Company Inc. has a Personal Information Protection Policy. To obtain a brochure outlining this policy, send a request in writing to SSQ's Personal Information Protection Officer at the address provided above.