Air Line Pilots Association

CANADA INSURANCE TRUST

memberinsurance.alpa.org

AIR LINE PILOTS ASSOCIATION
CANADA INSURANCE TRUST

BENEFITS SUMMARY

ELIGIBILITY

Available to Plan Members under age 65, who hold a valid Cat. 1 or equivalent Class 1 medical certificate (or with medical underwriting). Applicants must be a Canadian resident covered under a provincial or territorial health insurance program and in good standing with the Air Line Pilots Association Canada Insurance Trust.

BENEFITS AVAILABLE

Basic Life Insurance

- Compulsory coverage of $20,000 for each ALPA(C) Active, Executive Active and Executive Inactive member.
- Premium derived from dues or assessment.
- Coverage is available to age 70 for Active Members.

Optional Group Life Insurance

- Available to both you and your spouse.
- Can be purchased in units of $50,000 to a maximum amount of $500,000.
- Premiums for optional life insurance are based on your gender, age, smoker status, and on the amount of insurance you are applying for.
- Coverage is available to age 65.

Dependent Life Insurance (includes Pre-natal benefit*) — mandatory for Plan Members with dependents

- Covers your spouse and your dependent children for $5,000 each in the event of death.
- Coverage for dependent children begins at birth.
- Pre-natal coverage begins at 20 weeks gestation.

** This benefit reimburses the cost of a funeral for a stillborn infant. The maximum benefit is the lesser of the actual cost of the funeral or the amount of the life insurance benefit for dependent children.*

Accidental Death, Disease & Dismemberment Insurance (includes Disease Benefit)

- Available to Plan Members only (spouse excluded).
- Includes a provision for accidental loss if the incident occurs when performing the duties of your occupation as required by your employer.
- Pays an amount equal to the sum insured in the event of an accidental death.
- Pays a portion of the death benefit for dismemberment, loss of use or paralysis due to an accident.
- Optional Group Life Insurance must be elected prior to having Accidental Death, Disease & Dismemberment coverage.
- Coverage is available to age 65.

GENERAL QUESTIONS

Can my spouse apply for additional coverage?

- Yes, additional coverage is available for your spouse (Optional Group Life Insurance only). Your spouse may apply for coverage at any time, however the application for coverage is medically underwritten and must be approved by medical underwriting prior to being in effect (see attached application). If the application is approved, premiums will be due the 1st of the month following approval.
- For spousal coverages, the Plan Member must be enrolled first (pre-requisite), and the beneficiary will automatically be the Plan Member unless otherwise advised in writing.

Who qualifies for dependent life insurance coverage?

- The Plan Member's legal or common-law spouse. The same person must be insured for all spousal benefits, and only one spouse can be insured at a time.
- A 12 month co-habitation rule applies to the common-law spouse.
- Insurable children are unmarried dependent children (from birth to age 21, or up to age 25 for students), whether natural, adopted or step children of the Plan Member or spouse.
- A child under age 21 must not be working full-time (more than 30 hours per week), unless the child is a full-time student (registered in and attending an educational facility). A child over age 21 must either be a full-time student under age 25 (26 for Quebec residents), or incapacitated for a continuous period beginning either before age 21, or before age 25 while a full-time student. Individuals who are paid (other than students receiving a scholarship) while attending a training program are not considered students.

Why do I need additional coverage?

- Statistics indicate that Canadian families require insurance coverage at a level of at least 4 to 6 times the annual household income. One of the most valuable assets that we as individuals possess, is the ability to earn an income. Loss of income through untimely death can have a devastating effect on a family's lifestyle and dreams unless provisions are made for the replacement of lost income.

Is a medical exam required?

- Medical exams are not required if the applicant holds a valid Cat. 1 or equivalent Class 1 medical certificate (Plan Members without a medical certificate are subject to underwriting).

When does my coverage reduce or terminate?

- Your Optional Group Life coverage amount will reduce by 50% at age 60 to a maximum benefit amount of $150,000. Coverage terminates at age 65.

Can we convert our coverage?

- If coverage under this group plan terminates on or before your 65th birthday, you and/or your spouse may convert your life insurance to an individual insurance plan without providing evidence of insurability. Conversion beyond you or your spouse's 65th birthday is not available.

HOW DO I APPLY?

To apply, complete the attached enrolment/application forms and forward to:

HUB International Insurance Brokers
Air Line Pilots Association Canada Insurance Trust
120, 6712 Fisher Street SE, Calgary, AB T2H 2A7

QUESTIONS?

Contact us toll-free at **1-888-724-1444**

Email **rbi_pilot_insurance@hubinternational.com**

The preceding summary is intended to provide a brief description of the benefits available under the Air Line Pilots Association Canada Insurance Trust.
Note: Optional Life Insurance and Accidental Death, Disease & Dismemberment insurance reduce by 50% at age 60. This material does not create or confer any rights.
The exact terms and conditions of your benefits are described in the applicable group policy.

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AIR LINE PILOTS ASSOCIATION
CANADA INSURANCE TRUST

ENROLMENT AND CHANGE FORM

To avoid delays, please complete the required information by printing clearly in ink.

INSTRUCTIONS

- All Plan Members enrolling for Basic Life Insurance ONLY, complete Parts 1 and 3.
- Plan Members enrolling in Basic Life and Optional Life Insurance, complete Parts 1, 2 and 3.
- For new or increased coverage, attach a photocopy of your valid and current Cat. 1 or Class 1 medical certificate.
- If you do not have a valid Cat.1 or Class 1 medical certificate, please complete the Optional Insurance Spouse/Plan Member* Application and Change Form in addition to this form.

PART 1A PLAN MEMBER INFORMATION THIS SECTION MUST ALWAYS BE COMPLETE

Last Name | Given Name | Initials | Gender ○ Male ○ Female | Date of Birth (dd-mmm-yyyy)

ALPA Membership Number | What given name do you prefer to use?

Street Address | City | Prov. -- | Postal Code

Telephone (Home) | Telephone (○ Work ○ Cell) | Email

PART 1B BENEFICIARY INFORMATION BASIC LIFE INSURANCE

- All changes must be initialled by the Plan Member.
- Percentage allocation will be deemed equal unless indicated otherwise. Percentages must total 100%.
- If you do not name a beneficiary, your "estate" will be the beneficiary.

Primary Beneficiary Last Name | Beneficiary Given Name | Relationship to Plan Member | % Payable to each

Primary Beneficiary Last Name | Beneficiary Given Name | Relationship to Plan Member | % Payable to each

Contingent Beneficiary* Last Name | Beneficiary Given Name | Relationship to Plan Member | % Payable to each

***A Contingent beneficiary is applicable if the primary beneficiary predeceases the Plan Member.**

Trustee* Last Name | Trustee Given Name | Relationship to Plan Member

*** If no trustee is named for minor children, the funds are paid to the Public Trustee (or equivalent government official) until the children reach the age of majority. In Quebec, the Civil code provisions apply. It is not necessary to designate a trustee. The benefits will be paid directly to the child's tutor, without the requirement for a designation of a trustee.**

In Quebec, the designation of your spouse as a beneficiary is irrevocable unless you declare otherwise.
By checking this box I designate my spouse as a revocable beneficiary: ○ **Revocable**

PART 2A OPTIONAL GROUP LIFE INSURANCE

FOR NEW OR INCREASED COVERAGE, ATTACH A PHOTOCOPY OF YOUR VALID AND CURRENT CAT. 1 OR CLASS 1 MEDICAL CERTIFICATE

○ **Amount of Optional Group Life Insurance**
Please select total amount of coverage desired

○ **$50,000** ○ **$100,000** ○ **$150,000** ○ **$200,000** ○ **$250,000**
○ **$300,000** ○ **$350,000** ○ **$400,000** ○ **$450,000** ○ **$500,000**

○ **Accidental Death, Disease & Dismemberment Insurance**
Coverage level equals Optional Group Life Insurance applied for above

○ **Dependent Life Insurance**
Compulsory for Plan Members with dependents. $1.91 per month covers all eligible dependents

○ **Family** ○ **Single**

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PART 2B HEALTH AND LIFESTYLE QUESTIONS

		Yes	No
1)	In the last 12 months, have you used, in any form whatsoever, tobacco, nicotine or cannabis mixed with tobacco? If yes, indicate which product is used, how long you have been using it and your daily usage:	☐	☐
2)	Are you now to the best of your knowledge and belief, in good health and free from all symptoms of illness and disease and are you free from any condition that could possibly prevent you from passing your Transport Canada medical?	☐	☐
3)	Are you a resident of Canada?	☐	☐

PART 2C BENEFICIARY INFORMATION OPTIONAL GROUP LIFE INSURANCE

- All changes must be initialled by the Plan Member.
- For spousal applications, the beneficiary of this insurance will be the Plan Member, unless otherwise stated in writing.
- Percentage allocation will be deemed equal unless indicated otherwise. Percentages must total 100%.
- If you do not name a beneficiary, your "estate" will be the beneficiary(ies).

Primary Beneficiary Last Name	Beneficiary Given Name	Relationship to Plan Member	% Payable to each
Primary Beneficiary Last Name	Beneficiary Given Name	Relationship to Plan Member	% Payable to each
Contingent Beneficiary* Last Name	Beneficiary Given Name	Relationship to Plan Member	% Payable to each

***A Contingent beneficiary is applicable if the primary beneficiary predeceases the Plan Member.**

Trustee* Last Name	Trustee Given Name	Relationship to Plan Member

*** If no trustee is named for minor children, the funds are paid to the Public Trustee (or equivalent government official) until the children reach the age of majority. In Quebec, the Civil code provisions apply. It is not necessary to designate a trustee. The benefits will be paid directly to the child's tutor, without the requirement for a designation of a trustee.**

In Quebec, the designation of your spouse as a beneficiary is irrevocable unless you declare otherwise.
By checking this box I designate my spouse as a revocable beneficiary: ☐ **Revocable**

PART 3 AUTHORIZATION FORM MUST BE SIGNED IN INK

I acknowledge that all correspondence relating to this application will be directed to the applicant.

I further acknowledge receipt of the Notice on Privacy and Confidentiality (attached) summarizing certain privacy practices regarding collection, use and disclosure of my personal information.

I agree to the use of my personal information for the purposes outlined in this application. I understand that my consent to the use of any information to offer me products and services is optional, and that if I wish to discontinue such use I may call or write to HUB International Insurance Brokers at the telephone number or address shown on this application.

I confirm that the foregoing answers, forming part of an application for group insurance under the Air Line Pilots Association Canada Insurance Trust and underwritten by Industrial Alliance Insurance and Financial Services Inc. are true, full, complete and correctly recorded, and together with any other forms signed by me in connection with this application form the basis for any certificate issued hereunder. I understand that any group insurance arising from this application may not be valid if there is any incorrect answer or misrepresentation in this application or if there is any change in my insurability between the date of this application and the effective date of coverage. I acknowledge that it is my responsibility to notify HUB International Insurance Brokers of any change in my health or insurability. I agree that my insurance will not take effect until my properly completed application has been approved by the plan administrator and the first month's premium has been paid.

A copy of this signed authorization shall be as valid as the original.

X _____ _____

Signature of Plan Member (must always sign) Date (dd-mmm-yyyy)

MAIL THIS COMPLETED ENROLMENT TO:

HUB International Insurance Brokers
Air Line Pilots Association Canada Insurance Trust
120, 6712 Fisher Street SE
Calgary, AB T2H 2A7

Email **rbi_pilot_insurance@hubinternational.com**

QUESTIONS?

Contact us toll-free at **1-888-724-1444**

PRE-AUTHORIZED DEBIT (PAD) AGREEMENT for: **ALPA Canada Insurance Trust voluntary insurance coverage**

Please print, complete and sign

MEMBER INFORMATION

Last Name	Given Name	Initials	Employer/Airline (optional)

STEP 1 PROVIDE DETAILS FOR MONTHLY PRE AUTHORIZED DEBITS

ATTACH A PERSONALIZED 'VOID' CHEQUE **OR** COMPLETE THE INFORMATION BELOW

ACCOUNT DETAILS

Name(s) of Account Holder(s) as shown on Financial Institution records

Street Address of Account Holder(s)	City	Prov.	Postal Code

Name of Financial Institution

Street Address of Branch	City	Prov.	Postal Code

Financial Institution Number	Transit Number	Account Number

WITHDRAWAL ARRANGEMENT

Variable [✓] Fixed [ ]

STEP 2 REVIEW AND PROVIDE AUTHORIZATION

RECOURSE

You have certain recourse rights if any debit does not comply with this agreement. For example, you have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD Agreement. To obtain more information on your recourse rights, contact your financial institution or visit www.cdnpay.ca.

AUTHORIZATION FORM MUST BE SIGNED IN INK

I/We, the Account Holder(s), authorize Professional Pilot Insurance Plan (PPIP) and the financial institution named above or as indicated on the attached "VOID" cheque to withdraw variable monthly payments from my/our account, at the branch indicated, for the purpose of collecting premiums and any applicable provincial sales tax and service charges for the insurance under this insurance program.
The PAD amount will be debited from the account indicated above on the 1st day of each month or the next business day. I/We agree to notify the plan administrator below in writing, if there is any change to the banking information set out above.

I/We waive the right to receive pre-notification of the amount to be debited each month and the date of such debit. The Administrator will provide notification to the plan member of the amount of the PAD at least three(3) calendar days before the first PAD is debited and before any increase to the PAD amount is debited, except when the increase is due to a change in sales taxes, service charges, or the increase to the PAD amount is a result of my/our request.

I/We may cancel this PAD Agreement at any time, subject to providing notice to the Plan Administrator (TPA) at the address provided below. This notification must be received at least ten (10) business days before the next debit is scheduled. I/We may obtain a sample cancellation form, or more information on my/our right to cancel a PAD Agreement at my/our financial institution or by visiting www.cdnpay.ca.
I/We understand that cancellation of this PAD Agreement will not have any effect on the insurance provided under this policy, provided that payments are received when due and is made in accordance with the terms of this insurance program. This PAD Agreement only applies to the method of payment. I/We understand that completing this PAD Agreement does not mean that the application for insurance has been approved.

X		X	
ALPA MemberSignature (must always sign)	Date (dd-mmm-yyyy)	**Signature of all other Account Holder(s)** (if a required signatory to this account)	Date (dd-mmm-yyyy)

PLEASE SEND YOUR COMPLETED FORM TO:

HUB International Insurance Brokers
Air Line Pilots Association Canada Insurance Trust
120, 6712 Fisher Street SE
Calgary, AB T2H 2A7

Contact us toll-free at **1-888-724-1444**

Email: **rbi_pilot_insurance@hubinternational.com**

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OPTIONAL GROUP LIFE INSURANCE SPOUSE/MEMBER* APPLICATION AND CHANGE FORM

*PLAN MEMBERS WITHOUT A CAT. 1 OR CLASS 1 MEDICAL

To avoid delays, please complete the required information by printing clearly in ink.

This form must be received in our office within 60 days of the application being signed, otherwise a new application must be completed.

PLAN MEMBER INFORMATION THIS SECTION MUST ALWAYS BE COMPLETE

Plan Member Last Name | Given Name | Initials | ALPA Membership Number

APPLICANT INFORMATION

Status of Applicant ○ Spouse ○ Common-Law ○ Plan Member without a Cat. 1 or Class 1 Medical

Is the applicant currently insured for this coverage? ○ Yes ○ No

Last Name | Given Name | Initials | Gender ○ Male ○ Female | Date of Birth (dd-mmm-yyyy)

Street Address | City | Prov. -- | Postal Code

Telephone (Home) | Telephone (○ Work ○ Cell) | Email

Place of Birth | Occupation

INSURANCE INFORMATION

○ **Optional Group Life Insurance Amount**

Please select total amount of coverage desired

○ **$50,000** ○ **$100,000** ○ **$150,000** ○ **$200,000** ○ **$250,000**

○ **$300,000** ○ **$350,000** ○ **$400,000** ○ **$450,000** ○ **$500,000**

BENEFICIARY INFORMATION LIFE INSURANCE

- Percentage allocation will be deemed equal unless indicated otherwise. Percentages must total 100%.
- The Plan Member is the beneficiary unless otherwise noted below.

In Quebec, the designation of your spouse as a beneficiary is irrevocable unless you declare otherwise.
By checking this box I designate my spouse (the Plan Member) as a revocable beneficiary: ○ **Revocable**

Primary Beneficiary Last Name	Beneficiary Given Name	Relationship to Applicant	% Payable to each
Primary Beneficiary Last Name	Beneficiary Given Name	Relationship to Applicant	% Payable to each
Contingent Beneficiary* Last Name	Beneficiary Given Name	Relationship to Applicant	% Payable to each

***A Contingent beneficiary is applicable if the primary beneficiary predeceases the Applicant.**

Trustee* Last Name	Trustee Given Name	Relationship to Applicant

*** If no trustee is named for minor children, the funds are paid to the Public Trustee (or equivalent government official) until the children reach the age of majority. In Quebec, the Civil code provisions apply. It is not necessary to designate a trustee. The benefits will be paid directly to the child's tutor, without the requirement for a designation of a trustee.**

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CANADA INSURANCE TRUST

HEALTH AND LIFESTYLE QUESTIONS MUST ALWAYS BE COMPLETED WHEN APPLYING

If you answer "Yes" to any question below (or "No" to question 7), please complete the Additional Details section below.		**Applicant** Yes	No
1)	**Applicant:** **Height:** ◯ ft/in ◯ cm **Weight:** ◯ lbs ◯ kgs		
2)	In the last 12 months, have you used, in any form whatsoever, tobacco, nicotine or cannabis mixed with tobacco?	◯	◯
3)	Have you flown as a pilot, student or crew member in the last two years or do you have any intention to do so?	◯	◯
4)	Have you engaged in or do you intend to participate in scuba diving, parachuting or other hazardous sport or activity?	◯	◯
5)	Do you intend to travel or reside outside Canada or the United States for more than a month?	◯	◯
6)	Have you had a request for life, disability or critical illness insurance declined, postponed, rated or modified in any way?	◯	◯
7)	Are you now actively engaged in your occupation on a full-time basis? If "No", please provide details including reason why you are not working on a full-time basis.	◯	◯
8)	Have you ever had or ever been treated for cancer, tumour, cyst, polyp or other growth, moles, anemia, blood disorder or any form of malignant disease? Any immune system abnormality including AIDS (Acquired Immune Deficiency Syndrome), positive HIV test, enlargement of lymph glands, unusual skin lesions, or unexplained infections?	◯	◯
9)	Have you ever had or have you ever been treated for chest pain, angina, heart attack, high blood pressure, abnormal ECG, stroke, paralysis, transient ischemic attack (TIA), elevated cholesterol, or other disorders of the heart or aorta, blood vessels or circulatory system? Diabetes, pancreatitis, thyroid or other endocrine disorder? Lung or other respiratory disease or disorder? Any disorder of the eyes (excluding near or far sightedness), ears, vocal chords or larynx including loss of speech?	◯	◯
10)	Have you ever been treated for or diagnosed with kidney, bladder, prostate (including an elevated PSA test result) or breast disorder (including cysts, lumps, biopsy or abnormal mammogram or ultrasound) or other genitourinary disorder, hepatitis B or C (including carrier), cirrhosis or other liver disorder, ulcerative colitis, Crohn's disease or other disorder of the gastrointestinal tract?	◯	◯
11)	Have you ever had or have you ever been treated for dizziness, seizures, epilepsy, tremor, paresthesia, loss of balance, numbness, multiple sclerosis, Alzheimer's disease, Parkinson's disease, amyotrophic lateral sclerosis (ALS) or any other neurological disorder? Stress, anxiety, depression or any other psychiatric disorder? Disease or disorder of muscles, ligaments, tendons, bones or joints including but not limited to arthritis, lupus in any form, amputation or deformity?	◯	◯
12)	Have you ever used marijuana, heroin, morphine, cocaine, LSD, barbiturates, amphetamines, or any other drug or narcotic, except as prescribed by your physician?	◯	◯
13)	a) Do you presently drink more than 12 alcoholic beverages per week? If "Yes", state number, kind and frequency consumed.	◯	◯
	b) Have you ever changed your pattern of drinking (increased or decreased), received advice or treatment for, or attended any rehabilitation program for alcohol or drug use?	◯	◯
14)	Have you any condition for which hospitalization, further testing, investigation or surgery has been advised, or which have not yet been done, or for which you are still awaiting results?	◯	◯
15)	Are you taking any prescribed medication? If "Yes", state name of medication and reason for use.	◯	◯
16)	Are you aware of any symptoms or complaints regarding your health for which you have not yet consulted a physician or received treatment?	◯	◯
17)	Have you been absent from work for more than seven consecutive days within the past year due to sickness or injury?	◯	◯
18)	Has there been a variation in your weight in the past year? If "Yes", please provide details including reason and number of pounds/kilograms gained or lost.	◯	◯
19)	Females only: Are you currently pregnant? If "Yes", please provide your estimated due date and advise of any complications with current or past pregnancies.	◯	◯
20)	During the past 10 years, have you consulted a physician, received treatment or been hospitalized, had surgery or any test **(other than routine checkup or minor injury)** for any disease, disorder or ailment not already mentioned?	◯	◯
21)	Have you ever received or claimed benefits or a pension for sickness, injury or impairment?	◯	◯
22)	Do you have any pending criminal offences, criminal convictions, had your driver's license suspended, or within the past 3 years been convicted of more than 3 traffic violations?	◯	◯

ADDITIONAL DETAILS IF YOU ANSWER "YES" TO ANY QUESTION OR "NO" TO QUESTION 7, PROVIDE DETAILS BELOW

Question Number	**Name of person to be insured**	**Details (include dates, duration and names and addresses of all doctors, hospitals, etc.). If you require more space, please attach a separate sheet of paper, signed and dated.**

PERSONAL PHYSICIAN INFORMATION MUST ALWAYS BE COMPLETED WHEN APPLYING

Applicant's Personal Physician Information

Personal Physician's Name

Telephone

Street Address

City

Prov. --

Postal Code

Date last consulted ANY Doctor (dd-mmm-yyyy)

Reason for consultation

Results (e.g. normal), diagnosis, treatment or medication prescribed

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CANADA INSURANCE TRUST

AUTHORIZATION FORM MUST BE SIGNED IN INK

I acknowledge receipt of the Disclosure Notice (attached) describing the operation of the Medical Information Bureau. I authorize:

a) any health care professional as well as any other public or private health or social service establishment, any insurance company, the Medical Information Bureau, any insurance plan sponsor, any agent, broker or market intermediary, any third party administrator, any personal information agents or professional investigation agencies and any government agency, or other organization, institution or person that has any records or knowledge of me or my health, to give to Industrial Alliance Insurance and Financial Services Inc. (the "Company") or its reinsurers any such information for the purpose of the risk assessment, administration or investigation of a subsequent claim.

b) the Company or its reinsurers to release and exchange any personal information obtained to the above persons and organizations for the purposes of assessment of this application, the administration of any certificate issued and the investigation of any claim.

c) the Company to test and evaluate a specimen of my blood, urine or saliva for the purpose of assessing me as an insurance risk. This analysis includes testing for HIV infection.

d) the Company to release any abnormal test results to my personal physician.

I acknowledge that all correspondence relating to this application, including the requirement for additional medical information and the communication of any underwriting decision, will be directed to the applicant.

I further acknowledge receipt of the Notice on Privacy and Confidentiality (attached) summarizing certain privacy practices regarding collection, use and disclosure of my personal information.

I agree to the use of my personal information for the purposes outlined in this application. I understand that my consent to the use of any information to offer me products and services is optional, and that if I wish to discontinue such use I may call or write to HUB International Insurance Brokers at the telephone number or address shown on this application.

I confirm that the foregoing answers, forming part of an application for group insurance to the Company are true, full, complete and correctly recorded, and together with any other forms signed by me in connection with this application form the basis for any certificate issued hereunder. I understand that any group insurance arising from this application may not be valid if there is any incorrect answer or misrepresentation in this application or if there is any change in my insurability between the date of this application and the effective date of coverage. I acknowledge that it is my responsibility to notify the Company of any change in my health or insurability. I agree that my insurance will not take effect until approval of my properly completed application has been communicated by the Company to HUB International Insurance Brokers and the first month's premium has been paid.

I understand that the same payment instructions applicable to the Plan Members Insurance coverage under Airline Pilots Association Canada Insurance Trust will apply to premiums due for Spouse Optional Group Term Life Insurance, unless new instructions are attached.

A copy of this signed authorization shall be as valid as the original.

X		X	
Plan Member Signature (must always sign)	Date (dd-mmm-yyyy)	**Spouse Signature** (if applying)	Date (dd-mmm-yyyy)

This form must be received in our office within 60 days of the application being signed, otherwise a new application must be completed.

MAIL THIS COMPLETED ENROLMENT TO:

HUB International Insurance Brokers
Air Line Pilots Association Canada Insurance Trust
120, 6712 Fisher Street SE
Calgary, AB T2H 2A7

Email **rbi_pilot_insurance@hubinternational.com**

QUESTIONS?

Contact us toll-free at **1-888-724-1444**

PLAN RATES

OPTIONAL LIFE INSURANCE

- Units of $50,000 to maximum of $500,000
- **Maximum coverage available between ages 60 to 64 is $150,000.**

MONTHLY PREMIUMS PER $50,000 UNIT OF INSURANCE

	Male		Female	
Age	Non-Smoker*	Smoker	Non-Smoker*	Smoker
Under 35	$3.60	$5.90	$2.95	$4.75
35-39	$4.05	$7.90	$3.45	$6.85
40-44	$5.35	$12.00	$3.45	$8.20
45-49	$7.60	$17.15	$5.00	$11.70
50-54	$12.45	$24.65	$7.85	$16.25
55-59	$18.90	$39.45	$12.00	$24.20
60-64	$31.80	$58.00	$22.50	$36.60

* Non-smoker rates apply to individuals who, at the time of application, have not used tobacco, nicotine, or cannabis mixed with tobacco in any form whatsoever within the last 12 months and who have provided satisfactory evidence of insurability.

ACCIDENTAL DEATH, DISEASE & DISMEMBERMENT

- Plan Members only.
- The amount of Accidental Death, Disease & Dismemberment must be equal to the amount of Optional Group Life coverage selected.
- An amount equal to 25% of your Optional Group Life insurance for death/ accidental injuries occurring while the Plan Member is performing their duties of occupation as required by their employer to a maximum benefit of $75,000.

MONTHLY PREMIUM

Coverage	Monthly
$50,000	$2.50
$100,000	$5.00
$150,000	$7.50
$200,000	$10.00
$250,000	$12.50
$300,000	$15.00
$350,000	$17.50
$400,000	$20.00
$450,000	$22.50
$500,000	$25.00

DEPENDENT LIFE INSURANCE (INCLUDES PRE-NATAL BENEFIT)

- Coverage is mandatory for Plan Members with dependents. Select 'Family' on the Enrolment and Change form. See Benefits Summary.
- Provides $5,000 of life insurance per eligible dependent.
- Monthly rate of $1.91 per family.

NOTICE ON PRIVACY & CONFIDENTIALITY PLEASE READ CAREFULLY AND RETAIN FOR YOUR RECORDS

The specific and detailed information requested pursuant to this application from you and which may be subsequently requested by us, from time to time, is required to process your application, and process any claim for benefits made by you. To protect the confidentiality of such personal information, access to your information is restricted to any person you authorize or as authorized by law as well as those Industrial Alliance Insurance and Financial Services Inc. (the "Company") employees, its reinsurers, third party administrators, agents or brokers of the Company, plan sponsors and any agents or brokers of such sponsors or other market intermediaries for the purposes of (a) sponsoring a plan for you, (b) marketing and administration of Company products or services, (c) assessment of risk (underwriting) and (d) investigation of claims (where applicable). **Your file will be kept in our offices.**

You are entitled to review your personal information contained in our files, subject to certain limited exceptions established by law, and if necessary, to have it rectified by sending a written request to us at: 400–988 West Broadway. P.O. Box 5900, Vancouver, BC V6B 5H6, Attention: Director, iA Special Markets. Corrections will be noted in the file. If a requested correction is in dispute, we nonetheless note your requested correction in the file. Further information on our privacy practices can be found online at ia.ca or alternatively, contact us at 1.800.266.5667 and request that a copy be faxed or mailed to you.

DISCLOSURE NOTICE - MEDICAL INFORMATION BUREAU PLEASE READ CAREFULLY AND RETAIN FOR YOUR RECORDS

Information regarding your insurability will be treated as confidential. Industrial Alliance Insurance and Financial Services Inc. (the "Company") and its reinsurers may, however, make a brief report thereon to the Medical Information Bureau (MIB), a non-profit membership organization of life 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 company, MIB, upon request, will supply that company with the information it may have in its files.

Upon receipt of a request from you, MIB will arrange disclosure of any information it may have in your file. If you question the accuracy of information in MIB's file, you may contact MIB and seek a correction. The address of MIB's Information office is: Medical Information Bureau, 330 University Avenue, Toronto, Ontario, Canada M5G 1R7, telephone number (416) 597-0590.

The Company may also release information in its file to other life insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted.

Underwritten by:
iA Special Markets
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