P.O. Box 3517, Station C | Ottawa, ON K1Y 4H5 | tel. 613-231-4433 | fax. 613-231-2345 | 1-888-304-2894 | www.coughlin.ca/cupw

cupw • sttp

Application for *FREE basic coverage*

Side A

COUGHLIN employee benefits specialists

To receive FREE basic coverage ***fill out Steps 1, 2 and 3***

Or receive additional group life insurance coverage ***fill out Steps 1, 2, 3, 4, 5 and 6*** *(on reverse)*

Print Form

MEMBER INFORMATION

STEP 1 Must fill this in

LAST NAME	FIRST NAME	INITIAL

DATE OF BIRTH (y/m/d)	EMPLOYEE IDENTIFICATION NUMBER (Mandatory)	GENDER	LANGUAGE
		☐ Male ☐ Female	☐ English ☐ French

STREET ADDRESS	CITY	PROVINCE	POSTAL CODE

TELEPHONE (Home)	EMAIL ADDRESS (Home)

TELEPHONE (Work)	EMAIL ADDRESS (Work)

Sun Life Financial

This coverage is underwritten by Sun Life Assurance Company of Canada, a member of the Sun Life Financial group of companies.

Policy #: 87032G

BENEFICIARY DESIGNATION

BENEFICIARY LAST NAME	FIRST NAME	INITIAL	DATE OF BIRTH (y/m/d)	RELATIONSHIP TO PLAN MEMBER

(The beneficiary for the spousal or children's coverage will be the member, if living, otherwise the member's estate.)

In Quebec, if you name your legal spouse (married or civil union) as the beneficiary, this beneficiary will be irrevocable unless you check the revocable box.

☐ Revocable beneficiary

If you do not nominate a beneficiary, the proceeds will be paid to your estate.

SPOUSAL INFORMATION (IF APPLICABLE)

STEP 2 Must fill this in

LAST NAME	FIRST NAME	INITIAL

DATE OF BIRTH (y/m/d)	GENDER
	☐ Male ☐ Female

CHILDREN'S COVERAGE

CHILD'S NAME (LAST, FIRST)	DATE OF BIRTH (y/m/d)

AUTHORIZATION & DECLARATION

I authorize Coughlin to exchange my personal information with the following persons, organizations or parties; insurance companies and auditors; and Coughlin to use the personal information on file to provide me with additional information regarding any benefits to which I am entitled. When providing personal information for my spouse and/or dependants, **I confirm** that I am authorized to act on their behalf. **I agree** that a photocopy or electronic copy of this Authorization & Declaration section is as valid as the original. **I certify** that the information given is true, correct and complete to the best of my knowledge.

You must be authorized to disclose information about your spouse and dependents in order to enrol them in the plan. By enrolling in this plan, you authorize the following: Sun Life Assurance Company of Canada, its agents and service providers to use and exchange information collected in this form to underwrite, administer and adjudicate claims, Your plan sponsor and its administrator, Coughlin & Associates Ltd. to use the information collected in this form for benefits administration and to make any necessary payroll deductions which may be required. All information in this form is true and complete. A photocopy or electronic version of this authorization is as valid as the original.

STEP 3 Must sign here

You must print THEN sign this form

Member signature (for ***FREE*** coverage) _____ **Date**(y/m/d) _____

You must print THEN sign this form

Spouse signature (for spouse's ***FREE*** coverage) _____ **Date**(y/m/d) _____

Protecting your personal information The administrator of your group benefits 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 the 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.

Application for *additional group life insurance coverage*

Side B

COVERAGE SELECTION

STEP 4
Choose your coverage amount

In addition to the free basic insurance, please enrol me in the optional group term life and AD&D plan for the amount indicated in the box below:

FOR YOU

☐ **$25,000** ☐ **$50,000** ☐ **$75,000** ☐ **$100,000** ☐ **$125,000** ☐ **$150,000** ☐ **$175,000** ☐ **$200,000** ☐ **$225,000** ☐ **$250,000**

FOR YOUR SPOUSE

☐ **$25,000** ☐ **$50,000** ☐ **$75,000** ☐ **$100,000** ☐ **$125,000** ☐ **$150,000** ☐ **$175,000** ☐ **$200,000** ☐ **$225,000** ☐ **$250,000**

FOR YOUR CHILD(REN)

☐ **$10,000** I apply for coverage on my child(ren) in the amount of $10,000 for each child and attest that he/she is in good health.

MEDICAL QUESTIONNAIRE

Member height _____ ☐ ft./in. ☐ cm

Member weight _____ ☐ lbs. ☐ kg

Spouse height _____ ☐ ft./in. ☐ cm

Spouse weight _____ ☐ lbs. ☐ kg

1. Have you used tobacco products in the past 12 months? **Member** ☐ Yes ☐ No **Spouse** ☐ Yes ☐ No

2. Within the past three years have you had an application for life or disability insurance declined or assessed at a rate higher than a standard premium rate? **Member** ☐ Yes ☐ No **Spouse** ☐ Yes ☐ No

3. Within the past three years, have you i) received any treatment for? (including taking pills, injections or other medications); or ii) consulted a physician; or iii) been diagnosed as having:

STEP 5
Must fill this in

	Member	Spouse
Acquired Immune Deficiency Syndrome (AIDS) or AIDS-related complex (ARC)	☐ Yes ☐ No	☐ Yes ☐ No
Any test indicating the presence of the HIV (AIDS) virus?	☐ Yes ☐ No	☐ Yes ☐ No
Cancer?	☐ Yes ☐ No	☐ Yes ☐ No
Diabetes?	☐ Yes ☐ No	☐ Yes ☐ No
High blood pressure?	☐ Yes ☐ No	☐ Yes ☐ No
Heart problems?	☐ Yes ☐ No	☐ Yes ☐ No
Stroke?	☐ Yes ☐ No	☐ Yes ☐ No
Liver disorder?	☐ Yes ☐ No	☐ Yes ☐ No

	Member	Spouse
Kidney disorder?	☐ Yes ☐ No	☐ Yes ☐ No
Psychiatric or psychological problems?	☐ Yes ☐ No	☐ Yes ☐ No
Lung and/ or respiratory disorder?	☐ Yes ☐ No	☐ Yes ☐ No
Neurological disorder?	☐ Yes ☐ No	☐ Yes ☐ No
Digestive disorder?	☐ Yes ☐ No	☐ Yes ☐ No
Chronic Fatigue Syndrome?	☐ Yes ☐ No	☐ Yes ☐ No
Alcohol or drug abuse?	☐ Yes ☐ No	☐ Yes ☐ No
Arthritis or back problems?	☐ Yes ☐ No	☐ Yes ☐ No

4. Within the past three years, have you been admitted or advised to be admitted as a patient in a hospital or clinic (except for pregnancy or birth) for longer than five consecutive days? **Member** ☐ Yes ☐ No **Spouse** ☐ Yes ☐ No

If "yes" to any answer, please provide details:

Member

Spouse

AUTHORIZATION & DECLARATION

STEP 6
Must sign here

I authorize Coughlin to exchange my personal information with the following persons, organizations or parties; insurance companies and auditors; and Coughlin to use the personal information on file to provide me with additional information regarding any benefits to which I am entitled. When providing personal information for my spouse and/or dependants, **I confirm** that I am authorized to act on their behalf. **I agree** that a photocopy or electronic copy of this Authorization & Declaration section is as valid as the original. **I certify** that the information given is true, correct and complete to the best of my knowledge.

You must be authorized to disclose information about your spouse and dependants in order to enrol them in the plan. By enrolling in this plan, you authorize the following: Sun Life Assurance Company of Canada, its agents and service providers to use and exchange information collected in this form to underwrite, administer and adjudicate claims, Your plan sponsor and its administrator, Coughlin & Associates Ltd. to use the information collected in this form for benefits administration and to make any necessary payroll deductions which may be required. All information in this form is true and complete. A photocopy or electronic version of this authorization is as valid as the original.

You must print THEN sign this form

Member signature (for ***optional life*** insurance coverage) **Date**(y/m/d)

You must print THEN sign this form

Spouse signature (for spouse's ***optional life*** insurance coverage) **Date**(y/m/d)

Protecting your personal information The administrator of your group benefits 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 the 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.