

GROUP CRITICAL ILLNESS CONVERSION APPLICATION

Act within the 31 day deadline to avoid interruption in coverage

As an insured with Special Markets Solutions, you will be pleased to know that if you and/or your spouse are no longer eligible for your group critical illness insurance benefit through your employer plan, you can convert your coverage to a separate group plan, also administered by Special Markets Solutions. Plus, when you convert your coverage, there is no need to provide any evidence of health and there are no medical exams! **Your application for conversion must be received within 31 days of your coverage terminating under the Employer Group Critical Illness Insurance Plan.**

WHAT DOES CRITICAL ILLNESS INSURANCE DO FOR YOU?

Critical illness insurance pays a lump sum benefit directly to you upon diagnosis of a covered condition. The benefit payment is tax-free, and you can spend it any way you wish. Common uses include paying off debts, home adaptation, childcare, investment, vacation, supplementing your pension, or lifestyle changes.

PAYMENT IS NOT DEPENDENT ON YOUR ABILITY TO WORK OR YOUR RECOVERY

Unlike long term disability insurance, you will receive your critical illness insurance benefit payment regardless of whether you are able to work while you are ill, or whether or not you make a full recovery.

WHAT DOES THE PLAN COVER?

This plan covers the same 25 critical illnesses that your Employer Group Critical Illness Plan covers, including the top 3; Heart Attack, Cancer (Life-Threatening), and Stroke.

Here is a list of the covered conditions:

Aortic Surgery	Coronary Artery Bypass Surgery	Loss of Independent Existence	Multiple Sclerosis
Aplastic Anemia	Deafness	Loss of Limbs	Occupational HIV Infection
Bacterial Meningitis	Dementia including Alzheimer's Disease	Loss of Speech	Paralysis
Benign Brain Tumour	Heart Attack	Major Organ Failure on Waiting List	Parkinson's Disease and Specified Atypical Parkinsonian Disorders
Blindness	Heart Valve Replacement or Repair	Major Organ Transplant	Severe Burns
Cancer (Life-Threatening)	Kidney Failure	Motor Neuron Disease	Stroke
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- For complete definitions of the above covered conditions, visit our website at solutionsinsurance.com/ci25. You should also note that, as medical advances and treatment of critical illnesses evolve, the contract definitions may change.

YOU ARE ALSO COVERED FOR SEVERAL NON LIFE-THREATENING CONDITIONS

The AdvanceCare Benefit will pay 10% of the total benefit amount for Coronary Angioplasty and several early stage cancers. The benefit is payable for only one AdvanceCare Benefit condition, however, payment of the AdvanceCare Benefit will not affect the benefit payment for a subsequent diagnosis of one of the 25 covered conditions.

FREQUENTLY ASKED QUESTIONS

Is there a conversion deadline?

- Yes. Your application for conversion must be received within 31 days of the applicant's coverage terminating under the Employer Group Critical Illness Insurance Plan.

Who is eligible to convert?

- Employees and spouses who are insured under the Employer Group Critical Illness Insurance Plan are eligible to apply provided they meet the eligibility criteria listed below.
- Eligibility Criteria:
 - Applicant(s) must no longer be eligible for the critical illness insurance coverage under the Employer Group Critical Illness Insurance Plan
 - Conversion applicant(s) must be under age 65 at time of application
 - Conversion applicant(s) must be residing in Canada at time of application
 - Conversion application must be received within 31 days of the termination date of the applicant's coverage under the Employer Group Critical Illness Insurance Plan
 - Conversion applicants must NOT have received any benefit payment for a covered condition or AdvanceCare under the Employer Group Critical Illness Insurance Plan.
- Dependent children are NOT eligible to convert their coverage.

Is there a money back guarantee?	<ul style="list-style-type: none"> You will have 60 days from the effective date of coverage to ensure your coverage meets your needs. If we receive your request to terminate coverage within 60 days from the effective date of the converted coverage, we will reimburse any premium paid.
How much coverage can I convert?	<ul style="list-style-type: none"> Coverage is available in units of \$5,000 to a maximum of \$100,000 but cannot exceed your existing coverage amount under the Employer Group Critical Illness Insurance Plan.
When will the converted coverage take effect?	<ul style="list-style-type: none"> The converted coverage will become effective the day immediately following the termination date of the critical illness coverage under the Employer Group Critical Illness Insurance Plan.
How will I know my coverage has been approved under the converted plan?	<ul style="list-style-type: none"> Each approved applicant will receive a new Group Insurance Certificate, an Insurance Benefits Summary and if applicable, a Premium Statement with payment options.
When does the coverage under the converted plan terminate?	<ul style="list-style-type: none"> December 31st coincident with or following the insured's 75th birthday Upon payment of a covered condition Upon non-payment of premiums
Are there any limitations and exclusion under the converted policy?	<ul style="list-style-type: none"> Any exclusion(s) under your existing Employer Group Critical Illness Insurance Plan coverage will be transferred to the Converted Critical Illness Insurance Plan. This may include any pre-existing medical condition exclusion timeframe if your coverage under the Employer Group Critical Illness Insurance Plan has been in effect for less than 2 consecutive years. If coverage under the existing Employer Group Critical Illness Insurance Plan has been in force for less than 90 days, limitations on Cancer and Benign Brain Tumour will apply.
Can I receive a claim payout for more than one covered condition?	<ul style="list-style-type: none"> Claim payout is limited to one covered condition only.
How are premiums calculated?	<ul style="list-style-type: none"> Premiums for the Converted Group Critical Illness coverage will be based on the applicant's attained age at January 1st, and the applicant's gender and smoking status at time of conversion.
How do I pay premiums?	<ul style="list-style-type: none"> The first month's premium must be submitted together with the Application for Conversion of Critical Illness Insurance. There are 4 options for payment of subsequent premiums: <ul style="list-style-type: none"> » Monthly credit card (Visa or MasterCard) » Monthly Pre-Authorized Debit » Annual credit card payment (Visa or MasterCard) » Annual payment by cheque It is important to note that if an employee applies for conversion of their critical illness benefit, as well as a spouse, the premiums for the employee and the spouse will be charged separately. There is opportunity to select different payment options for each applicant.
Will my premiums stay the same?	<ul style="list-style-type: none"> Premiums are grouped into 5 year age bands and are calculated based on your age at January 1st. Premiums will increase each January 1st that you enter a higher age band.
Can I change my coverage amount?	<ul style="list-style-type: none"> Once your coverage under the converted policy is approved, the amount of insurance cannot be increased. You may request to decrease your coverage by units of \$5,000 to a minimum amount of \$5,000.
What happens if I miss a payment?	<ul style="list-style-type: none"> There is a 31 day grace period for payment of premiums. If payment is not received within the 31 day grace period, coverage under the Converted Critical Illness Insurance Plan will terminate and CANNOT BE REINSTATED. Therefore, it is important to ensure your premiums are paid as they become due.

GROUP CRITICAL ILLNESS CONVERSION INFORMATION

ELIGIBILITY

In order to convert their Employer Group Critical Illness (Group CI) Insurance Plan coverage, applicants must meet the following criteria:

- Must no longer be eligible under the Employer's Group CI Insurance Plan
- Must be under age 65 and residing in Canada at the time of application for conversion
- Conversion request must be received within 31 days of the termination date of the existing Group CI coverage
- Must not have received an AdvanceCare or covered condition benefit payment

INSTRUCTIONS FOR COMPLETION

In order to apply for conversion, we require the following pages of the Application for Conversion of Group Critical Illness Insurance form to be completed:

- The employer must **always** complete page 4
- If the employee is requesting conversion, page 5 must also be completed
- If a spouse is requesting conversion, page 6 must also be completed
- If both the employee and spouse are requesting conversion, all pages must be completed

PREMIUM RATES

Monthly Premium per \$5,000				
Attained age at January 1 st *	Male		Female	
	Non-Smoker**	Smoker	Non-Smoker**	Smoker
Under 25	\$0.57	\$0.67	\$0.54	\$0.60
25 - 29	\$0.69	\$0.88	\$0.75	\$0.88
30 - 34	\$0.87	\$1.25	\$1.11	\$1.35
35 - 39	\$1.21	\$1.93	\$1.66	\$2.13
40 - 44	\$1.83	\$3.24	\$2.48	\$3.37
45 - 49	\$2.91	\$5.47	\$3.65	\$5.27
50 - 54	\$4.83	\$9.08	\$5.28	\$7.98
55 - 59	\$8.00	\$14.61	\$7.45	\$11.79
60 - 64	\$13.22	\$22.60	\$10.96	\$17.57
65 - 69 [†]	\$21.21	\$35.32	\$16.87	\$26.66
70 - 74 [†]	\$35.70	\$56.82	\$23.97	\$38.57

* Premiums are calculated each year, based on your age at January 1st, and will increase as you reach a higher age band

** Non-smoker rates apply to individuals who, at the time of application, have not used any form of tobacco (except an average of one cigar a month), including nicotine products, electronic cigarettes, marijuana, hashish, smoking cessation products, betel nuts or leaves, supari, paan, gutka or shisha, within the last 12 months

† The oldest age at which you can apply is 64. The premiums for ages 65 to 74 are for renewal purposes only
Premiums may change on any policy anniversary in accordance with the terms of the Master Group Policy No. 1000009942
Coverage under the plan terminates at the end of policy year that you reach age 75

PLEASE SEND YOUR COMPLETED FORM TO:



Special Markets Solutions
Industrial Alliance Insurance and Financial Services Inc.
2165 Broadway W, PO Box 5900, Vancouver, BC V6B 5H6
Or fax toll-free to 1.888.553.5433

APPLICATION FOR CONVERSION OF GROUP CRITICAL ILLNESS INSURANCE - EMPLOYER AUTHORIZATION

This request must be received within 31 days of termination of coverage under the Employer Group Critical Illness Insurance (Group CI) Plan.

Please complete, print and sign in ink

GROUP POLICY INFORMATION

Name of Policyholder	Group Policy No.	
Name of Division/Employer	Division No.	Member/Employee ID

EMPLOYEE INFORMATION

Last Name	Given Name	Initials	Gender <input type="radio"/> Male <input type="radio"/> Female	Date of Birth (dd-mmm-yyyy)
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Employee Information (complete if the employee is requesting conversion)

Effective Date of Employee's Group CI Coverage (dd-mmm-yyyy)	Total Amount of Employee Group CI coverage immediately prior to termination	Reason for Termination	Last Date of Employment (dd-mmm-yyyy)
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Spouse Information if applicable (complete if the spouse is requesting conversion)

Effective Date of Spouse's Group CI Coverage (dd-mmm-yyyy)	Total Amount of Spouse's Group CI coverage immediately prior to termination	Reason for Termination	Date Terminated from Plan
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EMPLOYER AUTHORIZATION

On behalf of the **employer**, I certify that all the following conditions for conversion have been satisfied:

1. The **employee and/or spouse of the employee** has terminated employment or is ineligible for coverage under the Employer Group Critical Illness Insurance Plan.
2. The **employee and/or spouse of the employee** has applied for conversion within 31 days of the termination date of coverage under the Employer Group Critical Illness Insurance Plan.

Authorized Signatory Name	Title
X	
Signature of Authorized Signatory	Date (dd-mmm-yyyy)
Telephone	Email

APPLICATION FOR CONVERSION OF GROUP CRITICAL ILLNESS INSURANCE - EMPLOYEE

This request must be received within 31 days of termination of coverage under the Employer Group Critical Illness Insurance (Group CI) Plan.

Please complete, print and sign in ink

GROUP POLICY INFORMATION

Name of Policyholder	Group Policy No.	
Name of Division/Employer	Division No.	Member/Employee ID

EMPLOYEE INFORMATION

Last Name	Given Name	Initials	Gender <input type="radio"/> Male <input type="radio"/> Female	Date of Birth (dd-mmm-yyyy)
Street Address	City	Prov.	Postal Code	
Telephone (Home)	Telephone (<input type="radio"/> Work <input type="radio"/> Cell)	Email		
Date employment terminated (dd-mmm-yyyy)	Reason for termination of coverage			

AMOUNT OF INSURANCE APPLYING FOR

Existing Basic CI Coverage	Existing Voluntary CI Coverage	Total Amount of Group CI Coverage to Be Converted (units of \$5,000 to maximum of \$100,000)
\$	\$	\$

Have you used any form of tobacco (except an average of one cigar a month), including nicotine products, electronic cigarettes, marijuana, hashish, smoking cessation products, betel nuts or leaves, supari, paan, gutka or shisha, within the last 12 months? If "Yes", indicate product used and provide details below.

YES NO

Details, if you require more space, please attach a separate sheet of paper, signed and dated.

EMPLOYEE AUTHORIZATION TO BE COMPLETED BY THE EMPLOYEE

I certify that the following conditions for conversion have been satisfied:

- I am under age 65 and a resident of Canada
- I am applying for conversion within 31 days of the termination date of my existing Employer Group Critical Illness Insurance coverage.
- I have not received an AdvanceCare or covered condition benefit payment under the existing group policy.
- I understand that if my existing Employer Group Critical Illness Insurance coverage has been issued subject to any exclusion, the exclusion will apply to the converted group policy.
- I understand that all premiums for my Converted Group Critical Illness Insurance coverage are to be based on my age (attained age at January 1st), gender and smoking status at the time of conversion.
- 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.

X _____
 Employee Signature (must always sign) Date (dd-mmm-yyyy)

APPLICATION FOR CONVERSION OF GROUP CRITICAL ILLNESS INSURANCE - SPOUSE

Please complete, print and sign in ink

This request must be received within 31 days of termination of coverage under the Employer Group Critical Illness Insurance (Group CI) Plan.

GROUP POLICY INFORMATION

Name of Policyholder	Group Policy No.	
Name of Division/Employer	Division No.	Member/Employee ID

EMPLOYEE INFORMATION

Last Name	Given Name	Initials	Gender	Date of Birth (dd-mmm-yyyy)
			<input type="radio"/> Male <input type="radio"/> Female	

SPOUSE INFORMATION

Last Name	Given Name	Initials	Gender	Date of Birth (dd-mmm-yyyy)
			<input type="radio"/> Male <input type="radio"/> Female	
Street Address	City	Prov.	Postal Code	
Telephone (Home)	Telephone (<input type="radio"/> Work <input type="radio"/> Cell)	Email		

A spouse must be ineligible for group coverage under the existing group policy either due to termination of the employee's employment or because he/she is no longer an eligible spouse.

Date no longer eligible as a spouse (dd-mmm-yyyy)	Reason for termination of coverage

AMOUNT OF INSURANCE APPLYING FOR

Existing Basic CI Coverage	Existing Voluntary CI Coverage	Total Amount of Group CI Coverage to Be Converted (units of \$5,000 to maximum of \$100,000)
\$	\$	\$

Have you used any form of tobacco (except an average of one cigar a month), including nicotine products, electronic cigarettes, marijuana, hashish, smoking cessation products, betel nuts or leaves, supari, paan, gutka or shisha, within the last 12 months? If "Yes", indicate product used and provide details below.

YES NO

Details, if you require more space, please attach a separate sheet of paper, signed and dated.

SPOUSE AUTHORIZATION

I certify that the following conditions for conversion have been satisfied:

- I am under age 65 and a resident of Canada.
- I am applying for conversion within 31 days of the termination date of my existing Employer Group Critical Illness Insurance coverage.
- I have not received an AdvanceCare or covered condition benefit payment under the existing group policy.
- I understand that if my existing Employer Group Critical Illness Insurance coverage has been issued subject to any exclusion, the exclusion will apply to the converted group policy.
- I understand that all premiums for my Converted Group Critical Illness Insurance coverage are to be based on my age (attained age at January 1st), gender and smoking status at the time of conversion.
- 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.

X _____
 Spouse Signature (must always sign) Date (dd-mmm-yyyy)

PAYMENT SELECTION AND AUTHORIZATION

Please complete, print and sign in ink

Complete and submit with your Application for Conversion

EMPLOYEE PAYMENT INFORMATION PLEASE CHOOSE YOUR PAYMENT OPTION BELOW

- Monthly Pre-Authorized Debit (PAD)** – I have attached a completed Pre-Authorized Debit (PAD) Agreement form authorizing Industrial Alliance Insurance and Financial Services Inc. (the “Company”) to withdraw the required premium (plus applicable taxes) from my account. (To obtain a form please visit solutionsinsurance.com/PADform).
- Monthly Credit Card** – I authorize the Company to charge the required monthly premium (plus applicable taxes) to the credit card indicated below on or around the 1st business day of each month. I understand this amount may change at a future date as specified in the Master Group Policy. To the best of its ability, the Company will advise me in writing of the revised amount in advance of its effective date. The monthly credit card option may be discontinued by me or the Company upon written notice.
- Cheque** – I have attached a cheque for the first month's premium payable to “iA Financial Group”. I understand the balance of the premium (plus applicable taxes) will be billed once my coverage is approved.
- Credit Card Payment** – I authorize the Company to charge the credit card indicated below with the required premium (plus applicable taxes) payable to the next renewal date of the Group Policy. Prior to the next renewal, the Company will send me an Annual Premium Statement indicating premium due for the next policy year. I understand I am required to select a premium payment option at that time.



Cardholder Name

Credit Card Number

Expiry Date (mmm-yyyy)

OR



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X

Employee Signature

Date (dd-mmm-yyyy)

SPOUSE PAYMENT INFORMATION PLEASE CHOOSE YOUR PAYMENT OPTION BELOW

- Same as employee** – if you select this option the information above will apply to both the employee and the spouse and the payment information will be retained under separate files.
- Monthly Pre-Authorized Debit (PAD)** – I have attached a completed Pre-Authorized Debit (PAD) Agreement form authorizing Industrial Alliance Insurance and Financial Services Inc. (the “Company”) to withdraw the required premium (plus applicable taxes) from my account. (To obtain a form please visit solutionsinsurance.com/PADform).
- Monthly Credit Card** – I authorize the Company to charge the required monthly premium (plus applicable taxes) to the credit card indicated below on or around the 1st business day of each month. I understand this amount may change at a future date as specified in the Master Group Policy. To the best of its ability, the Company will advise me in writing of the revised amount in advance of its effective date. The monthly credit card option may be discontinued by me or the Company upon written notice.
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- Credit Card Payment** – I authorize the Company to charge the credit card indicated below with the required premium (plus applicable taxes) payable to the next renewal date of the Group Policy. Prior to the next renewal, the Company will send me an Annual Premium Statement indicating premium due for the next policy year. I understand I am required to select a premium payment option at that time.



Cardholder Name

Credit Card Number

Expiry Date (mmm-yyyy)

OR



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X

Spouse Signature (if applying)

Date (dd-mmm-yyyy)

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: 2165 West Broadway, P.O. Box 5900, Vancouver, BC V6B 5H6, Attention: Director, Administration, Special Markets Solutions. 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.

SEND YOUR COMPLETED FORM TO:



Special Markets Solutions

Industrial Alliance Insurance and Financial Services Inc.
2165 Broadway W, PO Box 5900, Vancouver, BC V6B 5H6
Or fax to 1.888.553.5433

QUESTIONS?

Contact us toll free at **1.800.266.5667**
Monday to Friday from 6:30 a.m. to 4:30 p.m. Pacific Time
or email us at solutions@ia.ca