iA Financial Group

VOLUNTARY ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE ENROLLMENT FORM

SPECIAL MARKETS SOLUTIONS

Please complete this form and return it to your employer.

POLICYHOLDER INFORMATION

Name of Policyholder: **Alberta School Employee Benefit Plan**

Policy Number: 119-1366

APPLICANT INFORMATION

Applicant's Last Name | Applicant's Given Name | Initials

Address | City | Province | Postal Code

Applicant's Date of Birth: dd / mmm / yyyy

Amount of Insurance: $ ($25,000.00, $50,000.00, $100,000.00, $150,000.00, $200,000.00, $250,000.00, $300,000.00, $350,000.00, $400,000.00, $450,000.00 or $500,000.00)

Applicant's School Board: **FORT VERMILION SCHOOL DIVISION No. 52**

Applicant's Occupation

Check One if New Insurance:

- ☐ Employee Only Plan
- ☐ Family Plan

Check Appropriate Boxes for Changes to Existing Insurance:

- ☐ Change in Amount
- ☐ Change of Beneficiary
- ☐ Change to Employee Only Plan
- ☐ Change to Family Plan
- ☐ Change of Name
- ☐ Change of Address

NB: If you and your spouse are both eligible to enroll under the policy only one may select the Family Plan. The other may select the Employee Only Plan. Your coverage as a spouse combined with your coverage as an employee cannot exceed $500,000.00.

Applicant's Beneficiary | Relationship to Applicant

NB: If your beneficiary is a minor, an Appointment of Trustee form is also required.

Quebec Residents: If you have named your spouse as your beneficiary, this designation will be automatically irrevocable. **If you do not wish your designation to be irrevocable, please check here: ☐ Revocable**

FAMILY PLAN INFORMATION COMPLETE ONLY IF YOU HAVE CHOSEN THE FAMILY PLAN

Spouse's Last Name | Spouse's Given Name | Initials

Spouse's Date of Birth: dd / mmm / yyyy

Family Plan Beneficiary: The beneficiary of all dependents' loss of life benefits will be the Applicant.

AUTHORIZATION FORM MUST BE SIGNED IN INK

- ☐ I authorize the deduction from my salary for the premiums.
- ☐ I have been given the opportunity to apply for this insurance, but I do not wish to participate.

I acknowledge that I have read the Notice on Privacy and Confidentiality summarizing certain privacy practices regarding collection, use and disclosure of my personal information. I understand that no insurance will be in effect until the insurance applied for has been approved by the Policyholder and payroll deductions have been initiated. I declare that the answers recorded above are, to the best of my knowledge and belief, full, complete, and true as of the date hereof.

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

X _____ _____

Signature of Applicant Date (dd-mmm-yyyy)

The terms and conditions governing the insurance are set out in the Master Policy which is on file with the Policyholder.

NOTICE ON PRIVACY AND 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 Broadway West, 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.

What Does This Insurance Cost?

A. **Employee Only Plan** - The Employee Only Plan is $.025 per month for each $1,000.00 of insurance.

B. **Family Plan** - The Family Plan is $.04 per month for each $1,000.00 of insurance.

Example of Available Principal Sums and Premium per Month

Principal Sum Selected for Yourself	Employee Only Plan	Family Plan (incl. Employee)
$500,000.00	$12.50	$20.00
$450,000.00	$11.25	$18.00
$400,000.00	$10.00	$16.00
$350,000.00	$ 8.75	$14.00
$300,000.00	$ 7.50	$12.00
$250,000.00	$ 6.25	$10.00
$200,000.00	$ 5.00	$ 8.00
$150,000.00	$ 3.75	$ 6.00
$100,000.00	$ 2.50	$ 4.00
$ 50,000.00	$ 1.25	$ 2.00
$ 25,000.00	$ 0.63	$ 1.00

Example:

If you select $100,000.00 of coverage, the amount insured will be:

		Employee Only Plan	Family Plan (incl. Employee)
Employee		$100,000.00	$100,000.00
Spouse	(50%)	N/A	$ 50,000.00
Each Child	(10%)	N/A	$ 10,000.00

Your monthly payroll deduction would be:

Employee Only Plan	- $2.50 monthly
Family Plan	- $4.00 monthly

In the event both you and your spouse are eligible to enroll, only one of you may select the Family Plan. The other may select the Employee Only Plan. However, your coverage as a spouse combined with your coverage as an employee, early retiree, or trustee cannot exceed $500,000.00.