



Benefit Plan for Union Retirees



For Internal Use Only

APPLICATION FORM FOR LIFE INSURANCE

Effective Date	Group Number

PART A • GENERAL INFORMATION

Applicant's Last Name _____ First Name _____ Initial _____ Gender: M / F

Apt. _____ Street Address _____

City/Town _____ Province _____ Postal Code _____

Telephone _____ E-mail _____

Date of Birth (MM/DD/YY) _____ Date of Retirement (MM/DD/YY) _____

Date Existing Life Insurance Benefit Ended (MM/DD/YYYY) _____

Name of Union & Local you belong(ed) to _____

Are you a CURC Member? No ___ or Yes, and the Date of CURC Membership as indicated on Card is (MM/DD/YYYY) _____

PART B • BENEFICIARY INFORMATION

Members are able to select up to 4 Beneficiaries so long as the Total % Share equals 100%.

Beneficiary Name	Relationship to Insured	Telephone	Share (%)	Revocable (R) or Irrevocable (I)

NOTE: Each beneficiary is revocable unless indicated otherwise. However in Quebec, the designation of a legally married spouse of the Owner is irrevocable unless expressly indicated to be revocable.

PART C • INITIAL PAYMENT

Please refer to the enclosed Brochure for details regarding the Rates.

Amount submitted with my application to cover the first month's payment is \$ _____ (Add Applicable Sales Tax)
(Ontario – 8 %)
(Quebec – 9 %)

Please make cheque payable to "Canadian Benefits Consulting Group Ltd"

NOTE: Applications cannot be processed without the first month's payment plus one of your personal cheques marked "Void".

PART D • PRE-AUTHORIZED PAYMENT

I hereby authorize Canadian Benefits Consulting Group Ltd. **to withdraw premium payments from my account 30 days in advance of the due date**, on or about the first business day of each month. Should there be any change in either the amount or premium due date, Canadian Benefits Consulting Group Ltd. will give me written notice of at least 30 days in advance. Canadian Benefits Consulting Group Ltd. may terminate coverage should a withdrawal be refused for any reason and the financial institution shall be in no way held liable should such an event occur. **The authorization shall remain valid unless written notice is received by Canadian Benefits Consulting Group Ltd., 10 business days prior to the next pre-authorized debit due date** requesting cancellation by the account holder(s).

Signature of Account Holder _____ Date _____

2nd Signature if Joint Account _____ Date _____

PART E • AUTHORIZATION

By signing this application form, I/we agree that the statements contained herein are true and complete, to the best of my/our knowledge and form the basis for any coverage approved. I am authorized to release information concerning my spouse/partner and my dependent children, for the purposes of determining their eligibility for benefits. Failure to disclose or falsifying information regarding myself and/or my spouse/partner and/or dependent children could result in a denial of a claim and the cancellation of my coverage.

Signature of Applicant _____ Date _____

Please enclose your completed Application Form(s) and cheque(s) in the attached return envelope, and mail to the CURC Benefit Plan Administrator at:

Canadian Benefits Consulting Group
2300 Yonge Street, Suite 3000, P.O. Box 2426
Toronto, Ontario M4P 1E4