

Group Life Insurance Plan

A—Life Insurance Benefit

1. **Commencing April 1, 2016, all active members** of the Association are insured for \$10,000 Group Life Insurance in accordance with the terms of Group Policy No. **101959**, issued to the Association by the **Sun Life** Assurance Company.
2. The above amount is subject to a periodical review.
3. Such insurance will continue *in force* as long as the *employee is an active member of the Association*.
4. Such insurance will continue for as long as this policy is in force.
5. Such insurance will automatically terminate at the end of the month in which the member celebrates his/her 70th birthday.
6. New members are insured from the date on which *active membership to the Association begins*.

B—Total Disability Benefit

1. This policy provides group insurance during continuous total disability as long as the following conditions apply:
 - a) you have been totally disabled for 6 months or more, prior to your 65th birthday;
 - b) the disability is such that you are unable to perform any work of any kind;
 - c) you remain an active member of the Association.
2. The coverage does not extend beyond your 65th birthday.
3. If you cease to be a member while you are on disability and before your 65th birthday, you must consider the conversion outlined in item C below.
4. You applied for waiver of premium benefits within the contract provisions.

C—Conversion Privilege

1. This insurance can be converted into certain types of individual life insurance plans, then issued by **Sun Life** Assurance Company.
2. To convert this policy, the following conditions must be in effect:
 - a) your active membership to the Association must terminate on or before your 65th birthday;
 - b) your application for conversion must be received by **Sun Life** within 31 days of termination of your active membership.
3. Presently, the maximum coverage available is \$10,000.
4. Conversion is available regardless of your health.
5. The privilege does not extend beyond 31 days following your 65th birthday, even though you may continue to work beyond that date.

D—Beneficiary

1. A form is provided below to enable you to register a beneficiary in the event of your death.
2. You may change your designated beneficiary any time.
3. If no beneficiary is named, the insurance proceeds will be paid through the administrator, executor, or assign(s) of your estate upon your death.
4. *If designating a beneficiary who is a minor or who lacks legal capacity, please check box below, (in Beneficiary Designation Form) and a Trustee Appointment form will be sent to you for completion. (Also available on CPAA Website)*

Certificate of Insurance

1. The **Sun Life**, certifies that the holder of this policy is insured for the sum of \$10,000, in accordance with the terms of Group Policy No. **101959**:
 - a) as long as he/she is an active member of the Canadian Postmaster and Assistants Association; and
 - b) as long as he/she is under age 70.
2. The insurance is payable on death from any cause to the beneficiary last registered in writing with **Sun Life**.
3. If no beneficiary is registered with **Sun Life**, the insurance is payable to the deceased's administrator, executor or assign(s).
4. The policy includes a Total Disability Benefit and a Conversion Privilege.
5. The certificate and the descriptive literature above are provided for information purposes only.
6. If any conflicts arise between the above and the terms of Group Policy No. **101959**, the terms of the latter shall govern.

Should you need any additional information about your Group Life Insurance Plan, please contact:

Meldrum Horne & Associates
220 Laurier Ave. W., Suite 520
Ottawa ON K1P 5Z9

info@meldrumhorne.com
(613) 233-9105

2016/03

Retain the above for your records

Please complete, detach and forward this portion to: CPAA 281 Queen Mary, Ottawa, ON K1K 1X1

Beneficiary Designation Form (PLEASE PRINT)

Important notice regarding Group Life Insurance Plan

- **Before completing this form, you must have signed an Association Member's File (term employee not eligible).**
- This form should only be completed **once**, unless you wish to amend it. (ex. change in beneficiary or name change)
- When this form is completed by a member, he/she must have their signature witnessed by someone other than the named beneficiary.

• **Minor beneficiary:** YES NO • **Language preference:** English French **Home phone #:** () _____

I, _____ living in the Province of _____
Member's full name Office Name

and insured under Group Policy No. **101959** declare that all proceeds payable under this policy at my death be paid to

Beneficiary's full name Relationship of Beneficiary to Member

Dated at _____ this _____ day of _____ 20_____
City, Province

Signature of Witness

Signature of Member