# Guaranteed Issue Life Insurance — Benefit Summary

Guaranteed Issue Life Insurance provides lifelong coverage of up to $25,000 without the need to complete a medical questionnaire at any time. It's an affordable way for you to have peace of mind, knowing that you will leave something behind for your loved ones.

## Coverage Details

- Members and/or their spouses from ages 50 to 85 (inclusive) permanently residing in Canada are eligible.
- Choose coverage in units of $2,500 to a maximum of $25,000.
- In the event of an accidental death before age 85, three times your chosen life insurance benefit will be paid.
- Once you have been covered for 24 months and if you are diagnosed as terminally ill with a life expectancy of 12 months or less, you can apply for a Living Benefit. This Living Benefit is an interest-free advance of up to 50% of your Guaranteed Issue Life benefit. The money is paid directly to you, to spend as you wish. Once you receive a Living Benefit, the amount will be deducted from your life insurance with no adjustments for interest.
- 5% discount on your monthly premiums when both you and your spouse are enrolled.
- Your premium will never increase.
- Coverage is guaranteed for life.
- No health questions at any time.
- No medical examinations to undergo at the time of enrollment.
- Only you can cancel your coverage.
- You can name any individual or institution as your beneficiary, and you can change this at any time subject to applicable laws.

## Your Benefits and Limitations

- During your first 24 months of coverage, benefits are payable as follows:

| Cause of Death | Age | Benefits Payable |
|---|---|---|
| Non-accidental causes other than suicide | Any age | Refund of all premiums paid plus 10% annual compound interest |
| Accidental | Prior to age 85 | 3 times your chosen coverage amount |
| Accidental | Age 85 or older | Your chosen coverage amount |
| Suicide | Any age | Refund of all premiums paid |

- Following your first 24 months of coverage, benefits are payable as follows:

| Cause of Death | Age | Benefits Payable |
|---|---|---|
| Non-accidental | Any age | Your chosen coverage amount |
| Accidental | Prior to age 85 | 3 times your chosen coverage amount |
| Accidental | Age 85 or older | Your chosen coverage amount |

belairdirect. group benefits

## How to Enroll

- To enroll in the Guaranteed Issue Life Insurance Plan, simply:
  1. Complete the Guaranteed Issue Life Insurance application.
  2. Mail your application, with a cheque marked "VOID", to belairdirect in the enclosed postage-paid envelope.
- belairdirect, as the administrator of this plan, will:
  1. Process your application.
  2. Mail you a letter confirming your coverage, along with your individual insurance policy.
  3. Arrange for payment of your premium on the 5th of each month through automatic deduction from your chequing account.
- The monthly premium is based on your gender, your age on the date that your completed application and void cheque are received by belairdirect, your smoking status, and the amount of coverage you have chosen. There are no additional policy fees or service fees to pay.

**Online Access!**

- Visit belairdirect.com/myinsurance and select the Members Only link where you can log in by entering your confidential username and password. (If you do not know your username and password, the site will provide instruction on how to obtain them.)
- Download a Guaranteed Issue Life Insurance application found under "Application Forms".
- Once you have downloaded the application form, please enter your information on-screen and print, sign and mail it to your administering belairdirect office.
- Please include a "VOID" cheque with your signed application.

**Take advantage of your status as a member of your sponsoring association and enroll in the Guaranteed Issue Life Insurance Plan.**

Should you require additional information, please call:

**1 833 749.1324 (toll free in North America)**

## Your Privacy

**Notice on Privacy and Confidentiality.** The specific and detailed information requested on the application form is required to process the application. To protect the confidentiality of this information, Manulife Financial will establish a "financial services file" from which this information will be used to process the application, offer and administer services and process claims. Access to this file will be restricted to those Manulife Financial employees, mandataries, administrators or agents who are responsible for the assessment of risk (underwriting), marketing and administration of services and the investigation of claims, and to any other person you authorize or as authorized by law. These people, organizations and service providers may be in jurisdictions outside Canada, and subject to the laws of those foreign jurisdictions. Your consent to the use of personal information to offer you products and services is optional and if you wish to discontinue such use, you may write to Manulife Financial at the address shown below. Your file is secured in our offices. You may request to review the personal information it contains and make corrections by writing to: Privacy Officer, Manulife Financial, Affinity Markets, P.O. Box 4213, Stn. A, Toronto, Ontario M5W 5M3.

When you receive your individual insurance Policy, you will have 30 days to examine it and, if you are not completely satisfied, return it to belairdirect for a full refund of the premium(s) you have paid. Insurance is underwritten by Manufacturers Life Insurance Company (Manulife Financial) and administered by belairdirect.

## Premiums

- The monthly premium is based on your gender, your age on the date that your completed application and void cheque are received by belairdirect, your smoking status, and the amount of coverage you have chosen. There are no additional policy fees or service fees to pay.
- Once you are enrolled, your premium will never increase.
- At age 100, you will no longer have to pay premiums and your coverage under this plan will continue.

### Monthly Premiums for Non-Smokers — FEMALE

| Amount of Insurance | Applicant's Age at Effective Date | | | | | | |
|---|---|---|---|---|---|---|---|
| | 50–54 | 55–59 | 60–64 | 65–69 | 70–74 | 75–79 | 80–85 |
| $2,500 | $5.75 | $7.70 | $10.49 | $15.14 | $22.64 | $31.77 | $45.34 |
| $5,000 | 11.50 | 15.40 | 20.98 | 30.28 | 45.28 | 63.54 | 90.68 |
| $7,500 | 17.25 | 23.10 | 31.47 | 45.42 | 67.92 | 95.31 | 136.02 |
| $10,000 | 23.00 | 30.80 | 41.96 | 60.56 | 90.56 | 127.08 | 181.36 |
| $12,500 | 28.75 | 38.50 | 52.45 | 75.70 | 113.20 | 158.85 | 226.70 |
| $15,000 | 34.50 | 46.20 | 62.94 | 90.84 | 135.84 | 190.62 | 272.04 |
| $17,500 | 40.25 | 53.90 | 73.43 | 105.98 | 158.48 | 222.39 | 317.38 |
| $20,000 | 46.00 | 61.60 | 83.92 | 121.12 | 181.12 | 254.16 | 362.72 |
| $22,500 | 51.75 | 69.30 | 94.41 | 136.26 | 203.76 | 285.93 | 408.06 |
| $25,000 | 57.50 | 77.00 | 104.90 | 151.40 | 226.40 | 317.70 | 453.40 |

### Monthly Premiums for Non-Smokers — MALE

| Amount of Insurance | Applicant's Age at Effective Date | | | | | | |
|---|---|---|---|---|---|---|---|
| | 50–54 | 55–59 | 60–64 | 65–69 | 70–74 | 75–79 | 80–85 |
| $2,500 | $6.85 | $9.18 | $12.59 | $18.29 | $27.51 | $38.94 | $55.28 |
| $5,000 | 13.70 | 18.36 | 25.18 | 36.58 | 55.02 | 77.88 | 110.56 |
| $7,500 | 20.55 | 27.54 | 37.77 | 54.87 | 82.53 | 116.82 | 165.84 |
| $10,000 | 27.40 | 36.72 | 50.36 | 73.16 | 110.04 | 155.76 | 221.12 |
| $12,500 | 34.25 | 45.90 | 62.95 | 91.45 | 137.55 | 194.70 | 276.40 |
| $15,000 | 41.10 | 55.08 | 75.54 | 109.74 | 165.06 | 233.64 | 331.68 |
| $17,500 | 47.95 | 64.26 | 88.13 | 128.03 | 192.57 | 272.58 | 386.96 |
| $20,000 | 54.80 | 73.44 | 100.72 | 146.32 | 220.08 | 311.52 | 442.24 |
| $22,500 | 61.65 | 82.62 | 113.31 | 164.61 | 247.59 | 350.46 | 497.52 |
| $25,000 | 68.50 | 91.80 | 125.90 | 182.90 | 275.10 | 389.40 | 552.80 |

### Monthly Premiums for Smokers — FEMALE

| Amount of Insurance | Applicant's Age at Effective Date | | | | | | |
|---|---|---|---|---|---|---|---|
| | 50–54 | 55–59 | 60–64 | 65–69 | 70–74 | 75–79 | 80–85 |
| $2,500 | $8.18 | $10.68 | $14.14 | $19.87 | $28.79 | $38.52 | $51.91 |
| $5,000 | 16.36 | 21.36 | 28.28 | 39.74 | 57.58 | 77.04 | 103.82 |
| $7,500 | 24.54 | 32.04 | 42.42 | 59.61 | 86.37 | 115.56 | 155.73 |
| $10,000 | 32.72 | 42.72 | 56.56 | 79.48 | 115.16 | 154.08 | 207.64 |
| $12,500 | 40.90 | 53.40 | 70.70 | 99.35 | 143.95 | 192.60 | 259.55 |
| $15,000 | 49.08 | 64.08 | 84.84 | 119.22 | 172.74 | 231.12 | 311.46 |
| $17,500 | 57.26 | 74.76 | 98.98 | 139.09 | 201.53 | 269.64 | 363.37 |
| $20,000 | 65.44 | 85.44 | 113.12 | 158.96 | 230.32 | 308.16 | 415.28 |
| $22,500 | 73.62 | 96.12 | 127.26 | 178.83 | 259.11 | 346.68 | 467.19 |
| $25,000 | 81.80 | 106.80 | 141.40 | 198.70 | 287.90 | 385.20 | 519.10 |

### Monthly Premiums for Smokers — MALE

| Amount of Insurance | Applicant's Age at Effective Date | | | | | | |
|---|---|---|---|---|---|---|---|
| | 50–54 | 55–59 | 60–64 | 65–69 | 70–74 | 75–79 | 80–85 |
| $2,500 | $11.86 | $15.96 | $21.50 | $30.04 | $41.74 | $52.43 | $66.11 |
| $5,000 | 23.72 | 31.92 | 43.00 | 60.08 | 83.48 | 104.86 | 132.22 |
| $7,500 | 35.58 | 47.88 | 64.50 | 90.12 | 125.22 | 157.29 | 198.33 |
| $10,000 | 47.44 | 63.84 | 86.00 | 120.16 | 166.96 | 209.72 | 264.44 |
| $12,500 | 59.30 | 79.80 | 107.50 | 150.20 | 208.70 | 262.15 | 330.55 |
| $15,000 | 71.16 | 95.76 | 129.00 | 180.24 | 250.44 | 314.58 | 396.66 |
| $17,500 | 83.02 | 111.72 | 150.50 | 210.28 | 292.18 | 367.01 | 462.77 |
| $20,000 | 94.88 | 127.68 | 172.00 | 240.32 | 333.92 | 419.44 | 528.88 |
| $22,500 | 106.74 | 143.64 | 193.50 | 270.36 | 375.66 | 471.87 | 594.99 |
| $25,000 | 118.60 | 159.60 | 215.00 | 300.40 | 417.40 | 524.30 | 661.10 |

# Guaranteed Life Application

PLEASE PRINT (*Complete this section even if only your spouse is applying for coverage.*)

**First Name(s)** **Last Name**

**Address** **Apartment/Unit No.**

**City/Town** **Province/Territory** **Postal Code** **Telephone Number**

Area Code

**Date of Birth** **Gender** **Smoking Status*** **E-mail Address****

Day Month Year

☐Male ☐Female ☐Smoker ☐Non-smoker

**Name of Group or Association**:_____

* You are a non-smoker if you have not used any form of tobacco, tobacco cessation products or marijuana in the past 12 consecutive months.

** Each time you receive an e-mail from us, you will have the option to opt out of our mailing list.

## Spouse Information (*to be completed only if spouse is applying for coverage)*

**First Name(s)** **Last Name**

**Date of Birth** **Gender** **Smoking Status***

Day Month Year

☐ Male ☐ Female ☐ Smoker ☐ Non-smoker

* You are a non-smoker if you have not used any form of tobacco, tobacco cessation products or marijuana in the past 12 consecutive months.

## Please indicate the amount of Guaranteed Life Insurance you wish to purchase:

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| **Member:** | ☐ $2,500 | ☐ $5,000 | ☐ $7,500 | ☐ $10,000 | ☐ $12,500 | ☐ $15,000 | ☐ $17,500 | ☐ $20,000 | ☐ $22,500 | ☐ $25,000 |
| **Spouse:** | ☐ $2,500 | ☐ $5,000 | ☐ $7,500 | ☐ $10,000 | ☐ $12,500 | ☐ $15,000 | ☐ $17,500 | ☐ $20,000 | ☐ $22,500 | ☐ $25,000 |

## Beneficiary Designation

Life Insurance

**Under Member's Policy** _____ _____

**First Name** **Last Name** **Relationship to Member**

In Québec, a spouse designated on this application as beneficiary is irrevocable unless otherwise stated.
I hereby appoint my spouse as a revocable beneficiary ☐
If you have named a beneficiary under age 18, please indicate the name of the Trustee. Insurance benefits cannot be paid to an underage beneficiary. All proceeds will be directed to the appointed legal guardian or trustee. To ensure underage beneficiaries are protected, please ensure that a legal guardian or trustee has been appointed through your Will.

Trustee: _____

**First Name** **Last Name**

**Under Spouse's Policy:** _____ _____

**First Name** **Last Name** **Relationship to Spouse**

In Québec, a spouse designated on this application as beneficiary is irrevocable unless otherwise stated.
I hereby appoint my spouse as a revocable beneficiary ☐
If you have named a beneficiary under age 18, please indicate the name of the Trustee. Insurance benefits cannot be paid to an underage beneficiary. All proceeds will be directed to the appointed legal guardian or trustee. To ensure underage beneficiaries are protected, please ensure that a legal guardian or trustee has been appointed through your Will.

Trustee: _____

**First Name** **Last Name**

If a beneficiary is not provided, proceeds will be paid to your estate.

## TERMS AND CONDITIONS – Please read carefully before signing.

Is the policy applied for intended to replace any existing insurance? ☐No ☐Yes If "yes", list policy number(s) to be replaced and insurer(s).

Member's policy # _____ Insurer _____ Spouse's policy # _____ Insurer _____

(The insurer may decline an application which indicates replacement is intended. A new policy is not considered to be a replacement if the existing coverage will end automatically because of age limit, retirement, or some other event that is not of the applicant's choice.)

**Declaration**

I/we hereby apply for insurance to The Manufacturers Life Insurance Company (Manulife Financial). I/we, the undersigned, declare that the statements contained in this application are true and complete. I/we understand that the application together with any other forms signed by me/us in connection with this application form the basis for any policy issued hereunder. I/we understand that any material misrepresentation, including misstatement of smoker status, shall render the insurance voidable at the instance of the insurer. I/we have read and understand that there are exclusions and limitations on the coverage applied for. I/we understand that insurance will take effect on the date my/our properly completed application and the first premium are received by belairdirect.

I/we authorize Manulife Financial, its subsidiaries, affiliates and agents and belairdirect. to use the information in this application and its existing files to offer me their products and services. I/we understand that my consent to the use of such information to offer me/us products or services is optional and that if I/we wish to discontinue such use I/we may call or write to Manulife Financial at the address or telephone number shown on this document. A photocopy or facsimile of this authorization shall be as valid as the original.

I/we hereby designate the individual(s) named as beneficiary to receive the proceeds payable on my/our death.

I acknowledge receipt of the Notice on Privacy and Confidentiality (see brochure).

**A sample cheque marked "VOID" is enclosed.** belairdirect, the plan administrator, is authorized to make monthly deductions from the bank, trust company or credit union accounts shown on the cheque (the initial deduction may cover up to 3 months of premiums) for monthly premiums due on or after the date of this application.

| | | |
|---|---|---|
| _____ | _____ | _____ |
| Member's Signature | Date | Signed at City/Province |
| _____ | _____ | _____ |
| Spouse's Signature (if applying) | Date | Signed at City/Province |