Term Life Insurance Plan

Your association is pleased to endorse **Term Life Insurance** available to **you** and **your spouse**. You can choose the coverage amount to fit your needs.

Term Life is an affordable way to provide for your loved ones at a time when they need it most.
If you are between the ages of 45 and 70, and permanently residing in Canada, you can apply for the Term Life Insurance Plan by answering 5 simple questions. You can choose coverage amounts of $25,000 to $150,000, in units of $25,000. Premiums are guaranteed not to increase for 10 years, with reduced rates available for nonsmokers.

Eligibility

The Term Life Insurance Plan is designed for association members and their spouses who are between the ages of 45 and 70.

The term "you" applies to you, your spouse, or to you and your spouse.

Coverage is subject to approval by the insurer on the basis of your answers to the medical questions on the application.

Your Coverage and Benefits

You can apply for life insurance coverage of $25,000 to $150,000, in units of $25,000. Your initial premiums are based on your age at the coverages effective date and are guaranteed for 10 years.

Coverage renews automatically every 10 years with premiums based on your age at renewal. Your coverage is guaranteed renewable for life.

Once you have been covered for 24 months, should you be 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 Term Life insurance to a maximum of $50,000 and is subject to approval by the insurer. The money is paid directly to you, to spend as you wish. Once you receive a Living Benefit, your premiums will be waived and the balance of your coverage will continue.

You can name any individual or institution as your beneficiary, and you can change this at any time, subject to applicable laws.

Benefits are paid tax-free to a named beneficiary.

At age 80, your coverage will reduce to 10% of the original amount and will continue ***premium-free*** for life. There are no additional policy fees or service fees to pay. In the event of suicide during your first two years of coverage, no benefit will be paid, and your premiums will be refunded.

Your Monthly Premium

The low monthly premium is based on your gender, your age, whether you qualify for non-smoker or smoker rates, and the amount of coverage you select.

Once enrolled in the plan, your premiums will increase every 10 years and be based on your age at that time.
For example: A female non-smoker, age 53, who elects $50,000 coverage will pay $22.20 per month until age 63. At age 63 the rate for the $50,000 coverage will be $51.62 per month (based on the then current rate table) and would not change for 10 years.

Monthly Premiums for Non-Smokers

(Non-smoker rates apply to persons who have not smoked cigarettes in the past 12 months and who meet the Insurer's health standards.)

MALES						
Applicant'sAge* at Effective Date	**Amount of Insurance: $25,000**	**Amount of Insurance: $50,000**	**Amount of Insurance: $75,000**	**Amount of Insurance:$ 100,000**	**Amount of Insurance: $125,000**	**Amount of Insurance: $150,000**
45 to 49	$ 12.10	$ 24.20	$ 36.30	$ 48.40	$ 60.50	$ 72.60
50 to 54	$ 17.85	$ 35.70	$ 53.55	$ 71.40	$ 89.25	$107.10
55 to 59	$ 26.52	$ 53.04	$ 79.56	$106.08	$132.63	$159.15
60 to 64	$ 39.85	$ 79.70	$119.55	$159.40	$199.25	$239.10
65 to 69	$ 53.08	$106.16	$159.24	$212.32	$265.38	$318.45
70 to 74**	$ 87.85	$175.70	$263.55	$351.40	$439.25	$527.10
75 to 79**	$145.83	$291.66	$437.49	$583.32	$729.13	$874.95

FEMALES						
Applicant's Age* at Effective Date	**Amount of Insurance: $25,000**	**Amount of Insurance: $50,000**	**Amount of Insurance: $75,000**	**Amount of Insurance: $100,000**	**Amount of Insurance: $125,000**	**Amount of Insurance: $150,000**
45 to 49	$ 7.85	$ 15.70	$ 23.55	$ 31.40	$ 39.25	$ 47.10
50 to 54	$ 11.10	$ 22.20	$ 33.30	$ 44.40	$ 55.50	$ 66.60
55 to 59	$ 17.56	$ 35.12	$ 52.68	$ 70.24	$ 87.75	$105.30
60 to 64	$ 25.81	$ 51.62	$ 77.43	$103.24	$129.00	$154.80
65 to 70	$ 33.50	$ 67.00	$100.50	$134.00	$167.50	$201.00
71 to 74**	$ 63.02	$126.04	$189.06	$252.08	$315.13	$378.15
75 to 79**	$117.92	$235.84	$353.76	$471.68	$589.63	$707.55

* Premiums will increase every ten years to reflect your new age category.
** Renewal coverage only - you may not apply after age 70.

Rates shown in this website are subject to change without notice. However, once you are insured, your premium rates are guaranteed for 10 years.

Monthly Premiums for Smokers

MALES						
Applicant's Age* at Effective Date	**Amount of Insurance: $25,000**	**Amount of Insurance: $50,000**	**Amount of Insurance: $75,000**	**Amount of Insurance: $100,000**	**Amount of Insurance: $125,000**	**Amount of Insurance: $150,000**
45 to 49	$24.15	$48.30	$72.45	$96.60	$120.75	$ 144.90
50 to 54	$37.75	$75.50	$113.25	$151.00	$188.75	$ 226.50
55 to 59	$58.85	$117.70	$176.55	$235.40	$294.25	$ 353.10
60 to 64	$81.75	$163.50	$245.25	$327.00	$408.75	$ 490.50
65 to 69	$100.10	$200.20	$300.30	$400.40	$500.50	$ 600.60
70 to 74**	$133.44	$266.88	$400.32	$533.76	$667.25	$ 800.70
75 to 79**	$187.50	$375.00	$562.50	$750.00	$937.50	$1,125.00

FEMALES						
Applicant's Age* at Effective Date	**Amount of Insurance: $25,000**	**Amount of Insurance: $50,000**	**Amount of Insurance: $75,000**	**Amount of Insurance: $100,000**	**Amount of Insurance: $125,000**	**Amount of Insurance: $150,000**
45 to 49	$15.96	$31.92	$47.88	$63.84	$79.75	$95.70
50 to 54	$22.96	$45.92	$68.88	$91.84	$114.75	$137.70
55 to 59	$32.85	$65.70	$98.55	$131.40	$164.25	$197.10
60 to 64	$44.63	$89.62	$133.89	$178.52	$223.13	$267.75
65 to 69	$55.42	$110.84	$166.26	$221.68	$277.13	$332.55
70 to 74**	$85.94	$171.88	$257.82	$343.76	$429.75	$515.70
75 to 79**	$139.38	$278.76	$418.14	$557.52	$696.88	$836.25

* Premiums will increase every ten years to reflect your new age category.
** Renewal coverage only - you may not apply after age 70. Rates shown in this website are subject to change without notice. However, once you are insured, your premium rates are guaranteed for 10 years.

How To Apply
You Can...

- call belairdirect for a Benefits Summary and application form at 1 833 749.1324 (toll free in North America)
- complete the Term Life Insurance application
- answer the 5 health questions on the application form
- mail your application form and a cheque marked "VOID" to belairdirect in the postage-paid envelope provided

belairdirect, as the administrator of the plan, will...

- forward your application to the underwriter, The Manufacturers Life Insurance Company (Manulife Financial)
- advise you of the underwriter's decision

If your application is approved, belairdirect will...

- mail you an individual policy and a confirmation of coverage letter
- arrange for payment of your monthly premiums on the 5th of each month through automatic bank deduction from your chequing account

Your coverage will begin on the date your application is approved by the insurer, provided the cheque for the first premium is honored when first presented for payment.

Your Guarantee of Satisfaction

When you receive your individual 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 you have paid.

Take advantage of your status as a member of your association and join this preferred Term Life Insurance Plan.

Apply Today

YOUR PRIVACY

Ww have always been, and continue to be, strongly committed to protecting the personal information of our clients.

For details on our Privacy Practices, please visit our website at www.belairdirect.com/myinsurance

Term 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****

☐Male ☐Female ☐Smoker ☐Non-smoker

Day Month Year

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***

☐ Male ☐ Female ☐ Smoker ☐ Non-smoker

Day Month Year

* 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:	☐ $25,000	☐ $50,000	☐ $75,000	☐ $100,000	☐ $125,000	☐ $150,000
Spouse:	☐ $25,000	☐ $50,000	☐ $75,000	☐ $100,000	☐ $125,000	☐ $150,000

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 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**

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

TERMS AND CONDITIONS – Please read carefully before signing.

Declaration

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 #_____ _____Spouse's policy #_____

(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.)

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. Suicide within two years of the effective date is a risk not covered. I/we understand that insurance will take effect on the date my/our properly completed application and the first premium are received by belairdirect, subject to the approval of the insurer's underwriters.

Authorization and Revocation

Relative to the insurance applied for, I/we, the undersigned applicant(s), hereby authorize any licenses physician, medical practitioner, hospital, pharmacy, clinic or other medically-related facility, insurance company, the Medical Information Bureau, the insurance plan sponsor, the third-party administrator of this program, belaidirect, any investigative and security agency, any agent, broker or market intermediary, any government agency or other organization or person that has any records or knowledge of me/us or my/out health or the health of nay person to be insured under this plan to provide Manulife Financial or its reinsureres any such information for the purpose of this application and contract and any subsequent claim. I/we authorize Manulife Financial to consult its existing files for this purpose. I/we authorize Manulife Financial, its subsidiaries, affiliates and agents to use the information in this application and its existing files to offer me/us their products or services. I/we understand that my/our consent to the use of such information to offer me/us products or services is optional and that is I/we wish to discontinue such se I/we may write to Manulife Financial at the address shown on this document. A photocopy or facsimile of this authorization shall be as valid as the original.

I/we declare that I/we have been made aware of the reasons why the health information is needed and the risks and benefits to the individual of consenting or refusing to consent. This consent shall take effect on the date of signing of this application and shall expire 7 years after the termination date of any policy or certificate issued as a result of this application. I/we understand that this consent may be revoked at any time and that if as a result of such revocation the insurer is unable to obtain proof of claim, this may result in claims not being paid.

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

I acknowledge receipt of the Notice on Exchange of Information and 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.

☐ Les parties ont expressément demande que la présente entente et les annexes ou documents y afférents soient rédiges en anglais.
The parties have expressly requested that this Agreement and any related appendices or documents be drafted in the English language.

_____

Member's Signature Date

_____

Spouse's Signature (if applying) Date

Quebec residents may detach this section and send it directly to belairdirect

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MEDICAL QUESTIONS - MUST BE COMPLETED BY EACH PERSON APPLYING FOR TERM LIFE COVERAGE.

Member's Full Name _____ Telephone Number _____ Date _____

Member's Physician Name _____ Telephone Number _____

Give Reason _____ Give Result _____

Date last seen (D/M/Y)

Spouse's Physician Name _____ Telephone # _____

Give Reason _____ Give Result _____

Date last seen (D/M/Y)

Member's Height_____ Weight_____ Spouse's Height_____ Weight_____

	Member		Spouse	
	Yes	No	Yes	No
1. Have you ever had or been treated for mental or nervous disorder (depression, anxiety, stress, etc.), heart or circulatory disorder, chest pains, high blood pressure, diabetes, cancer, tumors, lung or liver disorders, hepatitis (including carrier state), unusual infection or immune system abnormality, HIV, AIDS, kidney disorders, urinary abnormality, drug or alcohol consumption or other illness or injury?	☐	☐	☐	☐
2. In the last 2 years, been prescribed medication, other treatment or counselling for any disorder other than minor ailments (colds, flus, etc.), been advised to see another doctor or to have surgery or had an abnormal investigation or test result?	☐	☐	☐	☐
3. Have you ever applied for insurance that was declined, modified or rated?	☐	☐	☐	☐
4. Smoked cigarettes or marijuana in the last 12 months? (If other forms of tobacco used, give details.)	☐	☐	☐	☐
5. During the past 3 years have you ever had your driver's license suspended? If yes, state reason, date and provide license number.	☐	☐	☐	☐

Member: _____ Spouse: _____

If you answered "yes" to any of the questions above, please provide details below. If you require additional space, please use a separate page.

Ques. #	Name	Name of disorder	Duration and date	Result	Attending physician or hospital

NOTE: The Insurer may request a medical examination, urinalysis or tests such as general blood profile (including blood test for HIV) which will be made at no expense to the applicant. Results of any positive infectious disease tests will be reported to the appropriate health department if required by law.