La Capitale

RETURN THIS FORM TO:
RIIRS
1170 Lebourgneuf Blvd., suite 405
Quebec QC G2K 2E3
info@riirs.org

LIFE INSURANCE APPLICATION FOR RIIRS MEMBERS

☐ LIFE INSURANCE SUBSCRIPTION
☐ LIFE INSURANCE MODIFICATIONS

Policy No.	Reserved for the use of RIIRS			Identification No. (To be completed only for modification)
1 0 3 0 0 2	RIIRS Member No.	Réception (AAAA/MM/JJ)	Initiales	

1. POLICYHOLDER INFORMATION

Group Name
REGROUPEMENT INTERPROFESSIONNEL DES INTERVENANTES RETRAITÉES DES SERVICES DE SANTÉ (RIIRS)

Name of employer prior to retirement	Retirement date (YYYY/MM/DD)

Last name	First name	Date of birth (YYYY/MM/DD)	Gender	Language
			☐ F ☐ M	☐ English ☐ French

No., Street, Apt.	City	Province	Postal Code

Email address[1]	Main phone	Phone (other)

Note 1: By giving my email address, I consent to receiving only documents that concern my life insurance policy.

2. COVERAGE

Life Insurance coverage of policyholder[2 and 3]

Select the desired amount of insurance for this benefit:

☐ $5,000 ☐ $10,000 ☐ $15,000 ☐ $25,000 ☐ $50,000[4]

Note 2: The selected amount must not exceed the amount held under the previous Life insurance group. You may not increase the amount under any circumstances.
Note 3: The application must be completed within the 60-day period following the date of retirement. No evidence of insurability is required.
Note 4: This amount will be reduced to $25,000 on the date of your 70th birthday. **The Insurer pays the beneficiary the amount of Life Insurance according to the participant's age at the time of death, as mentioned in his/her Life Insurance policy.**

3. BENEFICIARY DESIGNATION

Revocable	Irrevocable	Full name	Percentage	Relationship to the policyholder
☐	☐			
☐	☐			
☐	☐			

IMPORTANT NOTICE: If percentages are indicated, they must add up to 100%. If percentages are not specified, the Life Insurance benefit will be equally shared among the designated beneficiaries. **PROVINCE OF QUEBEC**: Designating a legally married or civilly united spouse as a beneficiary is considered irrevocable unless stipulated otherwise by the policyholder. Any irrevocable beneficiary designation may only be modified if the beneficiary is of legal age and signs a waiver of his or her right as a beneficiary. **PROVINCES OTHER THAN QUEBEC**: A beneficiary designation is considered revocable unless stipulated otherwise by the policyholder. Any irrevocable beneficiary may only be modified if the beneficiary is of legal age and provides written consent to the change.

4. DESIGNATION OF A TRUSTEE (does not apply in Quebec)

If you designate a beneficiary who has not reached the age of majority, you must name a trustee.

Trustee's full name

No., Street, Apt.	City	Province	Postal Code

5. METHOD OF PREMIUM PAYMENT

☐ **Preauthorized Debit Agreement (PAD) – Personal** (If this method of premium payment is selected, please attach a cheque specimen).

Debit characteristics – This is a variable amount PAD. You, as the payor, authorize La Capitale to debit from the bank account indicated the amounts required for payment of the premium plus taxes and any charges applicable to your insurance policy. Your preauthorized payment frequency will correspond to your billing frequency. The preauthorized payment will take place 15 days following the production of your invoice. You also authorize La Capitale to carry out a redraw within 10 days in the event that a preauthorized payment does not clear the account. In such case, an administration fee may be applied.

Waiver – I hereby waive the right to be notified regarding:

1) Authorization before the first payment is processed
2) Subsequent payments, and
3) Changes to the amount or date of the preauthorized payment initiated by me or by the company.

Cancellation – I may revoke my authorization by providing 30 days' notice. To obtain a sample PAD cancellation form, or for more information about my right to cancel a PAD, I may contact my financial institution or visit www.payments.ca. I understand that La Capitale may terminate this agreement by providing 30 days' written notice.

Recourse and reimbursement – I agree to contact La Capitale in the event that a PAD is disputed.
You have certain recourse rights if any debit does not comply with this agreement. For example, you have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD agreement. To obtain information on your recourse rights, you may contact your financial institution or visit www.payments.ca.

X _____ Date: _____
Signature of account holder YYYY/MM/DD

X _____ Date: _____
Signature of second account holder, if required YYYY/MM/DD

☐ **Retraite Québec**
If you are a retired Quebec public or parapublic sector employee, the payment may be debited from your pension benefits. As the recipient of benefits from Retraite Québec, I authorize this organization to deduct the required contributions from my pension cheque until I give notice otherwise.

X _____ Date: _____
Signature of contributor YYYY/MM/DD

Social Insurance No. (SIN)
(Mandatory for enrolling in this method of payment)

☐ **Please bill me monthly** (Electronic payments or by cheque)

X _____ Date: _____
Signature of account holder YYYY/MM/DD

6. POLICYHOLDER'S AUTORIZATION AND DECLARATION

"I authorize La Capitale Civil Service Insurer Inc. (La Capitale) to use my Social Insurance Number for administration purposes. Furthermore, I authorize any physician, any other professional and any intervening party in the field of health and rehabilitation, as well as any public or private health and social services institution, any insurance company, as well as any reinsurer, any public or private organization, any information agency that may receive such a mandate, any market intermediary, any employer or ex-employer, as well as any person holding personal files or information, particularly medical records pertaining to myself, as the case may be, to provide to La Capitale or its agents, any information it may hold that may be required for the processing of my file.

I also authorize La Capitale to transmit such information to the above-mentioned persons when necessary, within the scope of its activities and the processing of my file. In the event of death, **I specifically authorize** the beneficiary, the heir or the liquidator of my estate to provide to La Capitale, or its mandataries, upon request, any information it may hold that may be required for the processing of my file."

This authorization is valid for the purposes of this policy and for any amendments, extensions or renewals thereof. A photocopy of this authorization is considered as valid as the original.

I certify that all information entered in this application is accurate and complete. Furthermore, I acknowledge having read and retained a copy of the notice below concerning personal information and files.

X _____ Date: _____
Signature of policyholder YYYY/MM/DD

7. NOTICE

La Capitale undertakes to collect and use policyholders' personal information only to the extent of its relevance to this contract. La Capitale undertakes to take reasonable security safeguards to ensure the protection of the personal information collected, used, disclosed, retained or destroyed, in keeping with its sensitivity, the purposes for which it is to be used, its quantity, distribution and medium.

In this regard, only its representatives, mandataries, agents, subcontractors, reinsurers, employees, principals, officers, administrators, directors, associates and successors, and any other person who is responsible with, for or toward it, and the persons whom the policyholder has authorized and those who are authorized by law, will have access to the personal information of the policyholder. They will have such access only to the e xtent required for the performance of their duties or the carrying out of their assignments.

The disclosure of a policyholder's personal information to a third party must be done with the policyholder's prior explicit consent, in accordance with the provisions set out in An Act respecting the Protection of Personal Information in the Private Sector and the Civil Code of Québec.

To contact our Customer Service:
Phone: 418 781-7646
Toll free: 1 844 580-7646
Email: assurancesante@lacapitale.com

La Capitale Civil Service Insurer Inc.
625, Jacques-Parizeau St., PO Box 1500
Quebec QC G1K 8Z9 • lacapitale.com

In the case of initial applications for insurance, please send the original copy of the form to RIIRS and save a copy for your records.
For modifications, this form can be mailed, faxed or emailed to the Insurer's contact information mentioned above.

Please keep a copy of this form for your records.

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