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**Group
insurance**

Group Optional Life Insurance Plan



**Contract X9999
April 1, 2023**

For retirees

Alliance du personnel professionnel et
technique de la santé et des services
sociaux (APTS)



Under the group insurance plan for employee members of the Alliance du personnel professionnel et technique de la santé et des services sociaux (APTS), newly retired employees such as yourself have the opportunity to maintain life insurance coverage by means of the group optional life insurance plan for retirees.

1• Eligibility

Employees who retire become eligible for the group optional life insurance plan as of the date on which they retire, provided they:

- had participant's basic life insurance coverage under Complementary Plan I immediately prior to the date on which they retired;
- apply to SSQ for coverage within 31 days following the date on which they retire.

2• Available Coverage

Unless indicated otherwise, the following coverage takes effect on the date the employee retires:

a) Retirees' life insurance

Retired employees may select one of the following insurance amounts:

Insurance amounts

- \$5,000 to \$100,000 (in units of \$5,000)

This amount must not exceed the sum of the insurance amounts held by participants immediately prior to the date on which they retire under the basic and optional life insurance coverage of Complementary Plan I and rounded up to the nearest \$5,000 if it is not already a multiple of \$5,000.

The insurance amount selected may be reduced while the insurance is in effect but may never be increased.

b) Spouse's and dependent children's life insurance

Retirees may request spouse's and dependent children's life insurance provided they were insured under the spouse's and dependent children's life insurance of Complementary Plan I immediately prior to the date on which they retired.

i) Insurance amounts

- | | |
|--------------------|---------|
| • Spouse: | \$5,000 |
| • Dependent child: | \$2,000 |

ii) Enrolment while the insurance is in effect

Participants who are insured under the retirees' life insurance and who have a **new** dependent may request coverage under the spouse's and dependent children's life insurance provided they make the request in writing to SSQ within 31 days following the date on which the

new dependent becomes eligible, which is the date on which they become a dependent.

The spouse's and dependent children's life insurance takes effect on the date on which the new dependent becomes eligible.

c) Spouse's optional life insurance

Retirees may request coverage under the spouse's optional life insurance provided that they:

- request coverage under the spouse's and dependent children's life insurance;
- and
- had spouse's optional life insurance coverage under Complementary Plan I immediately prior to the date on which they retired;

Retired employees may select one of the following insurance amounts:

i) Insurance amounts

\$5,000 to \$50,000 (in units of \$5,000)

This amount must not exceed the sum of the insurance amounts held by the participant immediately prior to the date on which they retire under the spouse's optional life insurance of Complementary Plan I.

The insurance amount selected may be reduced while the insurance is in effect but may never be increased.

ii) Enrolment while the insurance is in effect

Participants who are insured under the retirees' life insurance and who have a **new** dependent may request coverage under the spouse's optional life insurance provided they:

- have or request coverage under the spouse's and dependent children's life insurance under the provisions of paragraph 2 b) ii) above;
- send a request in writing to SSQ within 31 days following the date on which the new dependent becomes eligible, which is the date on which they become a dependent;
- and
- submit evidence of insurability that is deemed satisfactory by SSQ.

Spouse's optional life insurance takes effect on the first day of the month that coincides with or that follows the date on which the evidence of insurability is accepted by SSQ.

3• Termination of Insurance

Participants may at any time request termination of one or more of their insurance benefits. However, they may not reapply afterwards. Participation ends on the first day of the month that coincides with or follows the date on which SSQ receives the written request. It should be noted that termination of participation in the retirees' life insurance also terminates participation in the spouse's and dependent children's life insurance and the spouse's optional life insurance, if any. Moreover, termination of participation in the spouse's and dependent children's life insurance also terminates participation in the spouse's optional life insurance, if any.

If premiums are not paid, participation in coverage will terminate at the end of the last period for which premiums have been paid.

4• Application

To enrol in this group optional life insurance plan for retirees, complete the application form included with this document indicating the coverage and insurance amounts you wish to have. Return the form to SSQ to the address provided on the back of this document **within 31 days following the date on which you retired**. After this date, you will no longer be eligible for this plan.

5• Rates (as of April 1, 2023)

Retirees' life insurance (max. \$100,000) and spouse's optional life insurance (max. \$50,000)				
Monthly rates per \$5,000 of coverage				
Age	Female		Male	
	Non-smoker	Smoker	Non-smoker	Smoker
Age 54 or under	\$0.53	\$1.33	\$0.85	\$2.11
55 to 59	\$0.95	\$2.28	\$1.46	\$3.94
60 to 64	\$1.30	\$2.80	\$2.17	\$5.60
65 to 69	\$2.09	\$4.17	\$3.48	\$8.06
70 to 74	\$4.07	\$6.65	\$6.61	\$13.40
75 to 79	\$7.22	\$10.27	\$11.36	\$19.61
80 to 84	\$12.63	\$15.82	\$18.76	\$27.75
Age 85 or over	\$21.69	\$24.63	\$29.71	\$38.27

Life insurance for the spouse and dependent children of retired employees: \$4.10/month

N.B. The 9% provincial sales tax is not included in these premium rates.

These monthly rates are based on the retired person's age and on the insured person's gender and smoking habits, except for the spouse and dependent children's life insurance rate, which is a fixed one. Afterwards, a rate change due to a change in age takes effect on the April 1 that coincides with or that follows the birthday of the retired person.

6• Payment Methods

There are three payment methods available:

- Withdrawal from the retirement pension cheque issued by Retraite Québec;
- Monthly pre-authorized bank withdrawals;
- Yearly billing (payment by cheque or at a financial institution).

Check the desired payment method and remember to complete the “Authorization for direct debit payments” section on the back if you opt for payment via bank withdrawals.

7• Claims

The life insurance claim form is available upon request from SSQ’s customer service.

8• Conversion Privilege

When you retire, you may, subject to certain conditions, convert into individual life insurance the difference between the sum of the insurance amounts you held under the basic and optional life insurance coverage of Complementary Plan I immediately prior to the date on which you retired and the maximum insurance amount available under the life insurance coverage for retirees and their spouse. To do so, you must submit a request in writing to SSQ within 31 days following the date on which your retirement takes effect. For more information, contact SSQ Privilege team at 1-866-777-0711.

9• Life Insurance Beneficiary Designation

The life insurance beneficiary designation you made under the basic and optional life insurance coverage of Complementary Plan I continues to apply to the group optional life insurance plan for retirees. If you wish to change this designation, you may do so by visiting the **Customer Centre** or by completing the form available from our customer service. Certain restrictions apply in the case of an irrevocable beneficiary designation.

SSQ Privilege Products

SSQ also offers individual insurance products that provide health and dental coverage. For more information on our individual SSQ Privilege products, contact one of our financial security advisors at 1-866-777-0711.

Contact us

SSQ Customer Service
2525 Laurier Blvd.
P.O. Box 10500, Station Sainte-Foy
Quebec QC G1V 4H6
1-888-651-8181

ssq.ca

Identification of participant

Name		First Name	Social Insurance Number	
Address		City	Postal Code	Home Phone Number
<input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> M <input type="text"/> M <input type="text"/> D <input type="text"/> D <input type="text"/>	<input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> M <input type="text"/> M <input type="text"/> D <input type="text"/> D <input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Smoker <input type="checkbox"/> Non-smoker	Contract (certificate) No. at SSQ
Date of Birth	Retirement Date	Gender	Smoking Habits	

Identification of spouse (complete if you wish to have spouse's optional life insurance)

Name		First Name
<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Smoker <input type="checkbox"/> Non-smoker	
Gender	Smoking Habits	

Coverage and insurance amounts

Retirees' life insurance*

Number of units (1 to 20) _____ X \$5,000

* This amount must not exceed the sum of the insurance amounts you held immediately prior to the date on which you retired under the participant's basic and optional life insurance coverage of Complementary Plan I and rounded up to the nearest \$5,000 if it is not already a multiple of \$5,000.

Spouse's and dependents' life insurance

☐ \$5,000 for the spouse and \$2,000 for each dependent child

(Eligibility requirements: you must request coverage under the life insurance for retirees and be insured under the spouse's and dependent children's life insurance of Complementary Plan I immediately prior to the date on which you retire).

Spouse's optional life insurance

Number of units (1 to 10) _____ X \$5,000

(Eligibility requirements: you must request coverage under the spouse's and dependent children's life insurance and be insured under the spouse's optional life insurance of Complementary Plan I immediately prior to the date on which you retire).

Participant's signature	<input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> M <input type="text"/> M <input type="text"/> D <input type="text"/> D <input type="text"/>
	Date

Premium payment method

- ☐ Withdrawal from the retirement pension cheque issued by Retraite Québec; OR
☐ Monthly pre-authorized bank withdrawals (complete the "Personal pre-authorized debit payments" section of this form); OR
☐ Quarterly billing (payment by cheque or at a financial institution).



Personal pre-authorized debit (PAD) payments

(complete only if this payment method has been selected)

I hereby authorize SSQ, Life Insurance Company Inc. to debit my account for the amount of my variable monthly insurance premium payment, which is due on the first business day of each month. In addition, I acknowledge that SSQ, Life Insurance Company Inc. reserves the right to charge an additional fee in the event that this pre-authorized debit (PAD) payment cannot be made as stipulated in the present agreement. In such a case, I will receive a notice in writing to confirm any changes made to my next PAD payment.

Account Information

Name of Financial Institution _____

Branch _____ Account No. _____

I authorize my financial institution to withdraw this amount from my account. This authorization may be revoked at any time upon my written notice. Such a notice must be sent to SSQ 30 calendar days prior to the next scheduled payment.

I understand that I have certain rights to recourse should any PAD payment not comply with this pre-authorization agreement. For example, I am entitled to receive reimbursement of all unauthorized PADs or those that are not in compliance with this PAD agreement. For more information about my right to recourse, on how to obtain a sample cancellation form or any other information on my right to cancel a PAD agreement, I may contact my financial institution or visit the CPA's Web site www.cdnpay.ca.

Signature (same one you use to sign your cheques) _____

N.B.: For joint accounts requiring more than one signature, all account holders must sign here.

Date | Y | Y | Y | Y | M | M | D | D |

IMPORTANT: Please enclose a personal cheque specimen marked "VOID".

SSQ Life Insurance Company Inc.
2525 Laurier Blvd.
P.O. Box 10500, Station Ste-Foy
Quebec QC G1V 4H6

Reserved for SSQ :