



**Communities  
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**Group  
insurance**

# **Group optional life insurance plan**



**Contract H6999  
January 2023**

For retirees

Group insurance joint committee of the  
education sector for members of unions  
affiliated with the FEESP (CSN)

## A- Continuation of a life insurance coverage

The Insurance Joint Committee offer to new retirees who participated in the basic life insurance coverage the opportunity to maintain a life insurance coverage in the optional life insurance plan for retirees.

## B- Eligibility

Any individual who, at the time of retirement, participates in the basic life insurance coverage under the group insurance plan for support personnel of the education sector member of unions affiliated to the FEESP (CSN) is eligible for the optional life insurance plan for the retirees.

## C- Amount of insurance

An amount of \$10,000 in life insurance is automatically granted. You do not have to complete an application form. You can decrease this amount of insurance to \$5,000 or cancel it at any time by submitting a written request to SSQ. In case of non-payment of premiums, insurance will terminate at the end of the last period for which premiums will have been paid.

## D- Rating as of January 1, 2023

Age category	Monthly rates per \$1,000 of insurance
Under age 55	\$0.33
Age 55 to 59	\$0.64
Age 60 to 64	\$0.83
Age 65 to 69	\$1.27
Age 70 to 74	\$2.26
Age 75 or over	\$3.70

Note: The 9% provincial sales tax is not included in the premium rates.

The rates applicable depend on your age on the January 1 of the current year at the time of application. Afterwards, modifications of rates resulting from a change of age category become effective January 1 coinciding with or following your birthday.

## **E- Choice of mode of payment**

Three (3) modes of payment are available:

- monthly deduction from your bank account (preauthorized payment);
- monthly deduction from your pension paid by Retraite Québec;
- annual invoicing.

You will receive a first invoice corresponding to the premiums payable for a \$10,000 amount of life insurance. The invoice must be returned with your payment and the attached form completed.

The "Payment of premiums" section of the form allows you to choose the mode of payment you want. The mode of payment selected will apply as of the end of the period indicated on the first invoice to allow SSQ to implement the mode of payment you have chosen. The annual invoicing mode will apply if you do not return the form to SSQ.

## **F- Benefit claims**

The claim form for life insurance benefits is available directly from SSQ.

## **G- Termination of insurance coverage**

The life insurance coverage terminates at one of the following dates:

- date of cancellation of the group insurance plan (contract H6999);
- expiration of the last period of premiums paid;
- first day of the premium period coinciding with or following the date SSQ receives a written notice requesting the termination of coverage.

# Beneficiary



I designate as my beneficiary:

- |                                 |                          |  |                          |
|---------------------------------|--------------------------|--|--------------------------|
| Spouse (married or civil union) | <input type="checkbox"/> | Spouse (married or civil union) - sons/daughters | <input type="checkbox"/> |
| Common-law spouse               | <input type="checkbox"/> | Father-Mother                                    | <input type="checkbox"/> |
| Sons-Daughters                  | <input type="checkbox"/> | Common-law spouse - sons/daughters               | <input type="checkbox"/> |
| Brother-Sister                  | <input type="checkbox"/> | Other _____                                      | <input type="checkbox"/> |

Name of the beneficiary(ies): \_\_\_\_\_

OR

Insurance proceeds payable to the Estate of the Participant ☐

Revocable beneficiary\* ☐ (may be changed at any time)

Irrevocable beneficiary\* ☐ (may be changed only with written consent of irrevocable beneficiary)

\* In Quebec, if the type of beneficiary is not indicated, designation of the LEGAL spouse is irrevocable and designation of any other beneficiary is revocable.

# Life insurance (retiree of the education sector FEESP-CSN)



To return to SSQ within 31 days of the date of retirement

Last Name _____		First Name _____		Social insurance number _____																	
Address _____		Town/City _____		Postal Code _____																	
Telephone number _____		Marital status <input type="checkbox"/> Single <input type="checkbox"/> Common-law spouse <input type="checkbox"/> Married or united through civil union <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widow(er)																			
Date of retirement <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>M</td><td>M</td><td>D</td><td>D</td></tr></table>		Y	Y	Y	Y	M	M	D	D	Date of birth <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>M</td><td>M</td><td>D</td><td>D</td></tr></table>		Y	Y	Y	Y	M	M	D	D		
Y	Y	Y	Y	M	M	D	D														
Y	Y	Y	Y	M	M	D	D														

## Payment of premiums

- ☐ Preauthorized payment (complete the appropriate section)  
☐ Deduction from my pension paid by Retraite Québec  
☐ Annual invoicing

I authorize SSQ to use the information noted on this application from, including my social insurance number, for administrative purposes. Insurance will become effective on the date of acceptance by SSQ which will be indicated on my certificate. I certify that the above information is complete and accurate.

What is your most recent certificate number with SSQ?

Signature of the participant \_\_\_\_\_ 

Y	Y	Y	Y	M	M	D	D
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Date

Reserved for SSQ ☐ 57810 ☐ 57811 ☐ 57812

## Personal pre-authorized debit (pad) payments

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](http://www.cdnpay.ca).

Signature (same one you use to sign your cheques) \_\_\_\_\_ 

Y	Y	Y	Y	M	M	D	D
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Date

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

**Important: Please ENCLOSE a personal cheque specimen marked "VOID."**

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

For SSQ use only:

## **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**

### **Head Office**

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

**ssq.ca**

This brochure is provided for information purposes only and in no way alters the provisions and conditions of the group insurance contract (H6999).

In this brochure, SSQ designates SSQ, Life Insurance Company Inc.