



Insurance without proof of good health Exclusive offer for new parents

To be eligible for this non-medical evidence offer, you must be a Canadian resident, not have taken advantage of the conversion option offered when you obtained your CPA title and the policy must be subscribed within 90 days of the birth of your **first** child. Past this date, proof of good health will be required.

Options offered without proof of good health (Select all the appropriate boxes)

<p>Member</p> <p><input type="checkbox"/> Option 1 Term Life – \$50,000</p> <p><input type="checkbox"/> Option 2 Term Life - \$100,000</p> <p><input type="checkbox"/> Option 3 Term Life - \$50,000 and CI - \$25,000</p> <p><input type="checkbox"/> Option 4 Term Life - \$100,000 and CI - \$25,000</p> <p><input type="checkbox"/> Other amount Furthermore, I wish to subscribe an additional amount of coverage, subject to a financial needs analysis and approval by the insurer.</p>	<p>Spouse: <i>The amount of insurance coverage cannot exceed that of the member.</i></p> <p><input type="checkbox"/> Option 1 Term Life – \$50,000</p> <p><input type="checkbox"/> Option 2 Term Life – \$100,000</p> <p><input type="checkbox"/> Option 3 Term Life – \$50,000 and CI – \$25,000</p> <p><input type="checkbox"/> Option 4 Term Life – \$100,000 and CI – \$25,000</p> <p><input type="checkbox"/> Other amount Furthermore, I I wish to subscribe an additional amount of coverage, subject to a financial needs analysis and approval by the insurer</p>
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Options 3 and 4 - During the first 24 months following the policy’s effective date, no benefit will be paid for a critical illness that is directly or indirectly related to health problems for which I received medical care during the 24 months preceding the policy’s effective date.

Please complete form in block letters.

Child information

Last name	First name	Sex <input type="checkbox"/> F <input type="checkbox"/> M	Date of birth (dd/mm/yyyy)
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Member’s information

Last name	Maiden name (if applicable)	First name		
CPA member no.	Date of birth (dd/mm/yyyy)	Sex <input type="checkbox"/> F <input type="checkbox"/> M	Language preferred <input type="checkbox"/> Fr <input type="checkbox"/> Ang	Marital status
Home address (number, street, city)				
Province	Postal code	Home telephone no.	Email address	
Employer / Business name			Business telephone no.	
Do you have any other policies with SSQ Insurance? If yes, state policy numbers and type of insurance:				

Spouse’s information *(only if you want to subscribe spousal coverage)*

Last name	Maiden name (if applicable)	First name	Date of birth (dd/mm/yyyy)	Sex <input type="checkbox"/> F <input type="checkbox"/> M
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Smoker status

<p>Have you used, in the past 12 months, any tobacco or nicotine products including, cigarettes, cigarillos, colts, cigars, pipes, chewing tobacco, snuff, gum or patches, electronic cigarettes, shisha/hookah (waterpipe) or marijuana or hashish? If “yes”, indicate type and amount.</p>	<p>Member</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Spouse <i>(If coverage requested)</i></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>

You must initial any changes. Liquid paper cannot be used.

Beneficiary designation

In the event of the death a spouse or a child, the life insurance amount is payable to the member.

In Quebec, a primary designation of the owner's spouse is IRREVOCABLE, unless the owner indicates the designation is revocable. I am aware that the written consent of the irrevocable beneficiary will be required prior to any modification.

I appoint as revocable irrevocable beneficiary of this insurance payable in the event of my death:

Last name	First name	Relationship to insured	Date of birth (d/m/y)	Percentage

If living, otherwise my estate, reserving the right to change this appointment to the extent permitted by law.

Keeping your personal information confidential

To ensure that we maintain the confidentiality of any personal information received about you, we, SSQ Insurance, establish a file for each insured person and owner, for providing you with insurance and other financial services.

Your file will be kept in our offices and in the Program Administrator's office. Only our employees or an authorized representative who need the information to perform their jobs, or any other person authorized by you, or by law, will have access to your file.

You can request access to your personal information in the file and ask for correction of anything that is inaccurate or incomplete.

You can send any questions or a written request to review or correct information in your file to:

SSQ Life Insurance Company, 2525 Laurier Boulevard, P.O. Box 10500, Station Ste-Foy, Quebec (Quebec) G1V 4H6

If we receive a request from you for access or correction to your file, we will reply to you within 30 days. We may charge a reasonable fee in advance for copying and sending the information we give you.

Authorization and signature

The undersigned have read the statements and understand the answers recorded in this application. They are, to the best of my knowledge and belief, true and complete and recorded correctly.

I understand that in order to benefit from this insurance offer, I must, within 90 days of the birth of my first child, submit this application form and pay the proportional premium as communicated by VIGILIS within the allocated time.

I understand that failing to meet these conditions no insurance coverage shall become effective.

I also authorize SSQ Insurance and Gestion VIGILIS to communicate details of my coverage to any other Insurance company as designated by the Ordre.

I understand that a commission will be paid to Gestion VIGILIS, once this transaction is concluded.

I understand that I must remain a member in good standing of the Quebec CPA Order, for me and my family, to participate in this program.

Member's signature	Province	Spouse's signature (if applicable)	Date (d, m, y)
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The VIGILIS Group – 100-1800, Berlier Street, Laval QC H7L 4S4 - cpa@vigilis.ca - 1 888 682-7772