

GROUP POLICY INFORMATION

Policyholder Name:	Policy #: OE
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EMPLOYEE INFORMATION

Last Name:	First Name:				
Date of Birth:	Telephone #: ()				
Address - Street:	City:	Province:	Postal Code:		

DEPENDENT INFORMATION

	Last Name	First Name	Birthdate (D/M/Y)	Dependent Children (< age 21)	Full-Time Student (< age 25)	Disabled Dependent (> age 21)
Spouse						
Child				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COVERAGE SELECTION

Principal Sum Selection:	\$		
Coverage Type:	<input type="checkbox"/> Employee Only Plan OR	<input type="checkbox"/> Family Plan	
Monthly Premium* you will pay:	\$		

***Please refer to the Voluntary Accidental Death & Dismemberment Insurance summary page for the monthly premium rates.**

BENEFICIARY DESIGNATION

All benefit payments, including benefits payable for any insured dependent child covered under this plan, if applicable are paid directly to you. If you are deceased at the time that a benefit becomes payable, we will pay benefits to the beneficiary you named below. If you do not designate a beneficiary we will use the beneficiary designation made under the Policyholder's Group Life Insurance Policy. Failing such designation, all benefits will be paid to your Estate.

I appoint the following revocable beneficiary (Irrevocable in the province of Quebec) for Insurance benefits payable as a result of this plan. If the beneficiary is under the age of majority, I appoint the trustee named below to receive any amount payable to a minor beneficiary.

Please Note: In the province of Quebec, if you have designated your married or civil union spouse as beneficiary, the designation will be considered irrevocable unless you check here: Revocable.

	Full Legal Name	Relationship to Insured (or minor for Trustee)
Primary Beneficiary		
Contingent Beneficiary		
Trustee (for minor beneficiary)		

PRIVACY STATEMENT

At Chubb Life, we are committed to protecting our customers' privacy. Chubb Life's policy is to limit access to customer information to those who need it to serve customers' insurance needs and to maintain and improve customer service. The information provided by customers is required by us, our reinsurers and authorized administrators to assess customers' entitlement to benefits, including but not limited to determining if coverage is in effect, investigating the applicability of exclusions and co-ordinating coverage with other insurers. For these purposes, we, our reinsurers and authorized administrators consult existing insurance files about customers, collect additional information about and from customers, and where required, collect information from and exchange information with, third parties. We do not disclose customer information to third parties other than our agents and brokers, except as necessary to conduct business, e.g., processing claims or as required by law. We advise customers that, in some instances, employees, service providers, agents, reinsurers, and any of their providers, of Chubb and/or Chubb Life may be located in jurisdictions outside Canada and that customers' personal information may thus be subject to the laws of those foreign jurisdictions.

To find out more about the Chubb Privacy Policy or our privacy practices please visit chubb.com/ca or send a written request to: Privacy Officer, Chubb, 199 Bay Street - Suite 2500, P.O. Box 139, Commerce Court Postal Station, Toronto, Ontario M5L 1E2.

AUTHORIZATION

I hereby apply for coverage under the Group Insurance Plan, underwritten by Chubb Life Insurance Company of Canada, for which I am eligible and authorize any required payroll deductions for administration of my benefits. I certify that the information provided herein is true, accurate and complete.

Signed at _____ this _____ day of _____ 20 _____

Employee's Signature

Spouse's Signature (if applicable)