



University of Victoria, BC Life Policy 40703  
Employee and spouse optional group life Insurance

<b>Section 1: Employee information</b>		
Employee Name (last name, first name, middle initials)	V#:	Birth date
Spouse (last name, first name, middle initials): if applying for spouse insurance		Birth date
Have you or your spouse used tobacco products during the 12 month period immediately preceding the date written below beside your signature?	<b>Employee</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Spouse</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

**Section 2: Select which optional insurance plans you are enrolling in**

Enter amount (multiple of \$25,000 up to \$500,000)			Select which applies to you:	Office use only:
<input type="checkbox"/> Optional life insurance for:	myself	\$	<input type="checkbox"/> smoker <input type="checkbox"/> non-smoker	
<input type="checkbox"/> Optional life insurance for:	my spouse	\$	<input type="checkbox"/> smoker <input type="checkbox"/> non-smoker	
<input type="checkbox"/> Accidental death & dismemberment insurance for:	myself	\$	<input type="checkbox"/> smoker <input type="checkbox"/> non-smoker	

**Section 3: Revokable beneficiary nomination**

<b>Employee beneficiary:</b>		
Last name	First name	Relationship to employee
I hereby nominate the above beneficiary if living, otherwise to my estate, to receive any amount due on my death while insured under this group policy. I reserve the right to change the beneficiary appointed above if subject to any statutory regulations.		
<b>Spouse beneficiary:</b>		
Last name	First name	Relationship to employee
I hereby nominate the above beneficiary if living, otherwise myself (the employee), to receive any amount due on my spouse's death while insured under this group policy. I reserve the right to change the beneficiary appointed above if subject to any statutory regulations. Children's benefits will be payable to myself (the employee).		

**Section 4: Authorization**

<input type="checkbox"/> I authorize my employer to deduct from my pay amounts required according to choice of coverage.		
<input type="checkbox"/> I understand that this coverage will be implemented once Pacific Blue Cross has approved my application.		
<input type="checkbox"/> I have sent my original Statement of Health form directly to Pacific Blue Cross.		
Employee signature	Spouse signature*	Date

\*Spouse signature only required if applying for spouse coverage

**Please return this signed form to the Benefits Office at UVic Human Resources.**

Regular employees working half time or more and who are enrolled in the Basic Group Life Insurance are eligible to enroll in the Optional Group Life and Optional Group Accidental Death & Dismemberment (AD&D) Insurance plans.

## **Optional group life insurance plan**

Coverage for this plan is available in units of \$25,000 up to \$500,000.

### **Optional Group Life Insurance Monthly Premiums**

Rate per \$25,000 of coverage per month (spouse rate based on Employee age)

Age	Non-Smoker	Smoker
Under age 35	\$0.55	\$1.14
35-39	\$0.80	\$1.43
40-44	\$1.06	\$2.14
45-49	\$1.94	\$3.97
50-54	\$3.85	\$7.81
55-59	\$6.67	\$13.62
60-64	\$11.83	\$23.54
65-69	\$17.90	\$35.94
70	\$24.60	\$49.11

## **Optional group accidental death and dismemberment (AD&D)**

The amount of AD&D insurance will be limited to the amount of your optional life insurance selected and is payable in the event of accidental death or dismemberment. No more than 100% of the amount of optional AD&D is payable for all losses due to any one incident.

<b>Optional AD&amp;D Rates</b>	
<b>Coverage</b>	<b>Monthly premium</b>
\$25,000	\$0.75
\$50,000	\$1.50
\$75,000	\$2.25
\$100,000	\$3.00
\$125,000	\$3.75
\$150,000	\$4.50
\$175,000	\$5.25
\$200,000	\$6.00
\$225,000	\$6.75
\$250,000	\$7.50

<b>Optional AD&amp;D Coverage</b>	
<b>Condition</b>	<b>Coverage</b>
Loss of life	100%
Loss of both arms & legs	100%
Loss of use of one arm or one leg	75%
Loss of both hands or both feet	100%
Loss of one hand or one foot	66.66%
Loss of use of one hand or one foot	66.66%
Loss of entire sight in both eyes	100%
Loss of speech	50%
Loss of hearing in both ears	50%

Exclusions include incidents related to suicide, drug overdose, specific aircraft hazards and hostile actions of any armed forces.

## **Spouse optional group life insurance plan**

You may purchase optional group life insurance for your spouse on the same terms applicable to you. A person will qualify as a spouse by virtue of a legal marriage or by being publicly represented as your spouse for a period of at least one year.

## **Dependent child group life insurance**

\$5,000 of child coverage for each eligible dependent child from birth to age 21 (age 25 if a full-time student) will be automatically provided at no extra charge when an either employee or spouse optional life insurance is elected. A handicapped child who attains the limiting age may continue coverage as a dependent if proof of the handicap is received within 31 days after the child attains the limiting age.

This insurance is payable in the event of the death of your dependent child or spouse from any cause while your coverage remains in force, other than from suicide within two years from the effective date of the insurance.

## **Joining the plan**

You are eligible to join this plan if you are enrolled in the University's basic life insurance program. New employees and/or their spouses may join the plan subject to providing evidence of insurability satisfactory to Pacific Blue Cross. Coverage will take effect on the date of approval of the evidence provided you are actively at work. Dependent coverage will take effect on the date of approval of the evidence, provided the dependent is not confined in a hospital or similar institution on that date and you are actively at work.

**To apply, submit the completed the Enrolment form and Health Questionnaire to UVic Human Resources benefits office.**

When you and/or your spouse enroll you must name the beneficiary to whom benefits would be payable. You may change the beneficiary at any time subject to any legal restriction which may affect this right by filing a change of beneficiary form with Human Resources. If there is no named living beneficiary, benefits would be paid to your Estate. If children are covered, their benefit will be paid to you, if living, otherwise to your estate.

## **Changes**

Evidence of insurability satisfactory to BC Life & Casualty Company will be required for any increase or addition. You may increase your employee and/or your spouse's life insurance or your AD&D coverage at any time up to the allowable limit if you and/or your spouse provide evidence of insurability satisfactory to Pacific Blue Cross (PBC). You may decrease your insurance coverage at any time. A change in coverage becomes effective on the date evidence of insurability is approved by PBC. (Evidence of Insurability forms are available from Human Resources.) In addition, if you are not actively at work on the effective date of change in coverage, you and/or your dependent's coverage is delayed until you are actively at work. Similarly, dependent insurance is delayed until discharge for a dependent who is in a hospital or similar institution. All changes are subject to the maximum available coverage under this policy.

## **Total disability**

If you become totally disabled while covered by the plan and before attaining normal or earlier retirement, you and/or your dependent's optional life insurance coverage will remain in force without payment of premium as long as you continue to be totally disabled and provided proof of total disability is furnished as required by Pacific Blue Cross. The insurance company may also require proof of age.

## **Termination of insurance**

Your insurance will cease on the earliest of the following events:

- the date your employment is terminated
- your normal or deferred retirement date, to age 71
- the last day of the last month for which a premium has been paid, subject to the total disability provisions of the group policy
- the date the group policy is terminated

The insurance on your spouse and dependent child will cease on the earliest of the following events:

- the date your employment is terminated
- the date the dependent ceases to qualify under the definition of dependent
- your normal or deferred retirement date, to age 71
- the last day of the last month for which a premium has been paid for your dependent insurance, subject to the total disability provisions of the group policy
- the date the group policy is terminated

## **Conversion privilege**

If your insurance terminates or reduces for any reason other than solely as a result of your request, you are entitled to a conversion privilege which entitles you to purchase an individual life policy from Blue Cross Life Insurance Company of Canada without undergoing any medical examination. A conversion privilege is also available to your spouse. Conversion privilege is only available up to the normal retirement date.

## **Making a claim**

If you or any of your insured dependents die, a claim should be made as soon as reasonably possible. If you become totally disabled or suffer any other loss, a claim should be made not later than 12 months after the onset of the Total Disability or the date of loss.

## **General information**

This plan provides for premium payment through convenient payroll deduction. The premium you pay is competitive since the insurance is offered on a group basis. Premium rate changes due to a change between age brackets will occur on your birthday. This brochure is for information purposes only. Coverage under the plan is governed by the terms of the Optional Group Insurance policy issued by Pacific Blue Cross.