

A group insurance plan insured by SSQ Assurance, and administrated by :



Please check the box:

Enrolment Increase Modification

The medical student must be under age 35 when his/her medical studies begin and must meet the definition of a "member" of the Fédération médicale étudiante du Québec. Notwithstanding the foregoing, at the time of enrolment a student is not recognized as such under the terms of this contract if his/her university studies were interrupted for health reasons at any time since they began or at any point during the two years preceding his/her university studies.

B - IDENTIFICATION

Last name		First name		Certificate number	
Date of birth YYYY MM DD	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Language <input type="checkbox"/> English <input type="checkbox"/> French		Date of birth of spouse YYYY MM DD	
Address - No., street, apt.		City		Province	Postal code
Telephone numbers Cell.: () Home: ()				E-mail address	
Year you became a member of the FMRQ	Level of residency	Resident number	Expected termination date of residency YYYY MM DD		If family medicine, check: <input type="checkbox"/>
Specialty	If you are a student, select your year of university studies <input type="checkbox"/> Pre-med <input type="checkbox"/> 1 st year <input type="checkbox"/> 2 nd year <input type="checkbox"/> Clinical clerk 1 <input type="checkbox"/> Clinical clerk 2			Date on which you will complete your studies YYYY MM DD	
Name of university					

C - COVERAGE SELECTION - Please refer to page 5 for the requirements regarding evidence of insurability.

All the coverages offered are subject to the limitation and/or reduction clauses, as well as to the exclusions stipulated in the contract.

<input type="checkbox"/> COVERAGE 1 - LIFE INSURANCE					
	MINIMUM	MAXIMUM	SUM INSURED SELECTED	WAIVER OF PREMIUMS	
Participant	\$20,000	\$750,000	_____	<input type="checkbox"/> Yes - The spouse's life insurance premiums will also be waived.	
			Multiple of \$10,000	<input type="checkbox"/> No - This choice is irrevocable.	
Spouse	\$10,000	\$250,000	_____	ACCIDENT INSURANCE: <input type="checkbox"/> Yes <input type="checkbox"/> No	
			Multiple of \$10,000	The amount will be the same as the amount held in life insurance.	
Child	\$ 5,000	\$ 50,000	_____		
			Multiple of \$5,000		
<input type="checkbox"/> COVERAGE 2 - LOSS OF INCOME INSURANCE INCLUDING GUARANTEED INSURABILITY OPTION					
	<u>SHORT TERM DISABILITY</u>			<u>LONG TERM DISABILITY</u>	
WAITING PERIOD	90 days			105 weeks from beginning disability	
MAXIMUM DURATION OF BENEFITS	Until the 104th week of disability			Until age 65	
MONTHLY BENEFIT AMOUNT	Min. \$500 – Max. \$1,500			Min. \$500 – Max. \$4,500	
ANNUAL INDEXATION OF BENEFITS	None			According to the Consumer Price Index – Max. 3%	
SUM INSURED SELECTED	_____			_____	
	Multiple of \$100			Multiple of \$100	

Please return the original to Sogemec Assurances inc., C. P. 217, Succ. Desjardins, Montréal, Québec, H5B 1G9 and keep a copy for your records.

D - DESIGNATION OF BENEFICIARY(IES) - Complete this section if you enrol in coverage 1.

Last name, first name	Relationship to participant	%	Date of birth if minor			Please check:
			YYYY	MM	DD	
						<input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable
						<input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable
						<input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable

For the province of Québec Unless otherwise stipulated, the designation of a legal spouse or spouses joined in a civil union as beneficiary is IRREVOCABLE. Unless otherwise stipulated, the designation of any other person as beneficiary is REVOCABLE.

For all other provinces This designation of beneficiary is REVOCABLE unless otherwise stipulated.

REVOCABLE: means that the designation of beneficiary can be changed without the beneficiary's consent.
 IRREVOCABLE: means that the signature of the irrevocable beneficiary is mandatory to change the beneficiary.
 The IRREVOCABLE designation of a minor cannot be changed until they reach the age of majority.

Unless the participant indicates otherwise, this designation revokes any previous designation of a revocable beneficiary. The insurer will require the irrevocable beneficiary's written authorization for any change of beneficiary.

E - OTHER INSURANCE COVERAGES IF YOU HAVE NO OTHER INSURANCE, CHECK THIS BOX:

Company	Status of insurance		Type of coverage (life, disability, hospital and medical expenses)	Replaced by FMRQ		Maximum amount of insurance
	individual	group		Yes ¹	No	

1 ATTENTION: If a financial security advisor enrolls the participant, he must complete a replacement notice or prior notice, as the case may be.

F - PAYMENT METHOD - Please select one option only: 1, 2 or 3.

OPTION 1: MONTHLY PRE-AUTHORIZED CHEQUING (PAC) PAYMENTS

Payments will be automatically debited each month from the account below.

Type of services: Personal Business **Please enclose a sample cheque marked "VOID".**

Name of account holder	Name of the financial institution	Bank account number
Full address of the financial institution		Transit number

Type of account: Personal chequing Chequing/Savings Direct deposit account Other

Joint accounts: Is this a joint account requiring only one signature? Yes No

If more than one signature is required on withdrawals issued against the account, both account holders must sign this authorization.

I/We authorize Sogemec Assurances inc. to withdraw the premium amount of \$ _____ from my/our bank account for monthly insurance premiums due on or after the date I/we sign this authorization. I/We authorize Sogemec Assurances inc. to withdraw premiums on or about the first business day of each month or the next business day thereafter. Withdrawals from my/our account may be for variable amounts and may change in accordance with the insurance contract and as required to administer the policy. **I/We waive the right to receive 10 days' notice of the amount and date of each automatic withdrawal from my/our account.** If my/our bank or financial institution does not honour an automatic monthly withdrawal the first time it is presented for payment, Sogemec Assurances inc. may attempt to withdraw that payment again within 30 days. Sogemec Assurances inc. reserves the right to ask me/us for an alternate method of payment if my/our payment is not honoured. All one-time or automatic withdrawals from my/our bank account will be treated as personal withdrawals as defined by the Canadian Payments Association in Rule H-1. I/We and/or Sogemec Assurances inc. can end this agreement at any time by giving 10 days' written notice. I/We understand that cancelling this PAD agreement may result in a loss of insurance coverage unless Sogemec Assurances inc. receives another form of payment.

You may obtain a sample cancellation form by contacting your financial institution or through www.cdnmpay.ca. If you have any questions about withdrawals from your bank account, contact us at 1-800-361-5303, information@sogemec.qc.ca or write to us at Sogemec Assurances inc., C.P 217, Succ. Desjardins, Montréal, Québec, H5B 1G9. You have certain recourse rights if any debit does not comply with this agreement. For example, you have the right to receive reimbursement for any PAD withdrawal that is not authorized or is inconsistent with this PAD agreement. To obtain a form for a reimbursement claim, or for more information on your recourse rights, you may contact your financial institution or visit www.cdnmpay.ca.

Name of account holder (PLEASE PRINT)	Signature of account holder
Second signature of account holder if joint account	Date

F - PAYMENT METHOD - Please select one option only: 1, 2 or 3. (CONT'D)

OPTION 2: YEARLY CHEQUE PAYMENTS

Type of services: Personal Business

Please enclose a cheque payable to Sogemec Assurances inc.

OPTION 3: CREDIT CARD PAYMENTS




Please register your credit card payment by visiting the secure website of Sogemec Assurances:
<https://www.sogemec.qc.ca/en/res/form/medical-resident-transmission-credit-card-information-form.html>

G - DECLARATION AND AUTHORIZATION FOR THE COLLECTION AND COMMUNICATION OF PERSONAL INFORMATION

Have you smoked any cigarettes, including electronic cigarette, during the last 12 months?

PARTICIPANT: Yes No **SPOUSE:** Yes No

I certify that the above answer is true and I agree to it being used as the basis for the requested insurance coverage. I am fully aware that any inaccurate statement may result in the cancellation of the insurance if non-smoker rates were granted. I certify that all the information contained on this application form is complete and true. I acknowledge that the coverages offered are subject to the limitation and/or reduction clauses, as well as to the exclusions stipulated in the contract. The insurance shall become effective on the date indicated in the binding receipt. I acknowledge that I have read the information on this form and that I have kept a copy thereof. In the event of death, I expressly authorize my beneficiary(ies), heir(s) or estate liquidator(s) to provide SSQ Insurance or its reinsurers with all the information or authorizations deemed necessary to study the claim and obtain the required proofs. This authorization also applies to my minor children, insofar as applicable to the claim. I authorize SSQ Insurance, its agents and service providers to collect, use and disclose information about me, my spouse or my dependents to any person or organization including the pharmacies, health care practitioners, institutions, investigative agencies or insurers for the purposes of underwriting, administration, optimal health management, auditing and paying claims. A photocopy of this authorization is as valid as the original.

		
Signature of participant	Signature of spouse	Date

ATTENTION: Signatures are only required below if a financial security advisor has enrolled the participant or the senior resident.

_____ Name (BLOCK LETTERS) and signature of financial security advisor	<input type="checkbox"/> Check if trainee	_____ Date
_____ Name (BLOCK LETTERS) and signature of training supervisor		

H - PERSONAL INFORMATION MANAGEMENT

SSQ Insurance and Sogemec Assurances inc. (Sogemec) handle the personal information they have on your in a confidential manner. SSQ Insurance and Sogemec keep this information on file so that you may benefit from group insurance services they offer. This information is consulted solely by SSQ Insurance and Sogemec employees who need to do so in the course of their work. SSQ Insurance may compile anonymized personal information for statistical and informational purposes. SSQ Insurance may also communicate with plan members to provide them with optimal health management. You have the right to consult your file at SSQ Insurance and at Sogemec. You may also have information corrected if you demonstrate that it is an inaccurate, incomplete, ambiguous, or not useful. To do so, you must send a written request to one of the following addresses:

SSQ Insurance
Personal Information Protective Officer
2525 Laurier Blvd.
P.O. box 10500 Station Sainte-Foy
Quebec (Quebec) G1V 4H6

Sogemec Assurances Inc.
2, Complexe Desjardins, Tour de l'est 20^e étage
C.P. 217, Succ. Desjardins
Montréal (Québec) H5B 1G9

SSQ Insurance and Sogemec may use their client list to offer their clients an insurance product following the termination of their group insurance. If do not wish to receive these offers. You may have your name removed from the lists. To do so, you must send written request to the Privacy Officer at SSQ Insurance or to Sogemec.

GUARANTEED INSURABILITY OPTION ELIGIBILITY REQUIREMENTS

The Guaranteed Insurability option is subject to the limitation and/or reduction clauses, and exclusions stipulated in contract FMRQ (88R00) and, when the coverage is transferred at the end of the member's residency, to contract FMRQ (88R00).

The sum insured under the Guaranteed Insurability option will be applied to the existing sum insured, based on the following criteria:

- Waiting period: 90 days
- According indexation of benefits: CPI - maximum 3%
- Duration of benefits: up to age 65
- Maximum benefit under contract FMRQ (88R00) \$4,500

At the end of the member's residency, any unused election periods will be transferred to contract FMSQ (88G00) at the time that the member enrolls in this contract, up to the initial overall amount of \$10,000.

The premium is payable for as long as the member benefits from the Guaranteed Insurability option, whether or not s/he exercises this right every year.

The eligibility requirements are as follows:

- a) You must be under 45 years of age;
- b) You must submit evidence of insurability deemed satisfactory by the insurer;
- c) You must be able to demonstrate each year that your net monthly income justifies this annual increase in benefits, taking account of all other individual or group disability insurance in effect;
- d) You must not be disabled at the time the Guaranteed Insurability option application is submitted, or at the time the option becomes effective.

TRANSFER OF THE AMOUNTS INSURED UNDER CONTRACT FMSQ (FÉDÉRATION DES MÉDECINS SPÉCIALISTES DU QUÉBEC - 88G00)

At the end of his/her residency, a member who becomes a member of the FMSQ (88G00) can transfer the amounts insured under contract FMRQ (88R00) to contract FMSQ (88G00). For as long as the Guaranteed Insurability option remains in effect, the member will continue to pay the additional premium for the annual increases he/she is eligible for, depending on the option chosen when he/she enrolled in contract FMSQ (88G00).

Upon his/her initial enrolment contract FMSQ (88G00), the member can opt for a one-time annual increase of \$1,000 in addition to its automatic increase according to its specialty.

END OF THE GUARANTEED INSURABILITY OPTION

The Guaranteed Insurability option ceases at 12:00 a.m. on the first of the following dates for all members:

- a) The date on which contract FMRQ (88R00) or FMSQ (88G00) is terminated;
- b) The due date for the additional premium if this premium is not paid by the end of the grace period;
- c) The October 1 following the member's 45th birthday, on which date the right to exercise the Guaranteed Insurability option also terminates;
- d) The date on which the member ceases to participate in the Loss Income Insurance;
- e) The date on which the member exercises his/her right to the Guaranteed Insurability option for the tenth time;
- f) The date on which the total face value of the member's contract reaches the maximum permitted under the contract.

BINDING RECEIPT

EFFECTIVE DATE OF THE INSURANCE

The insurance of a resident or a graduating student becomes effective, if he/she is working and able to perform the main tasks of his/her professional occupation, or if he/she was working and able to perform the above tasks on the last day he/she was normally supposed to be, or if he/she is not working, is able to perform the main tasks of his/her usual professional occupation, at the latest of the following dates:

- a) the date on which he/she becomes eligible;
- b) the date on which he/she fills out the insurance application;
- c) the date on which the evidence of insurability is accepted by the insurer, where applicable.

If the resident or the graduating student is not actively working or is unable to perform the main tasks of his/her usual professional occupation as the result of an illness or accident on the day his/her insurance is to become effective, he/she becomes insured the day on which he/she returns to work and performs the main tasks of his/her usual professional occupation, or if he/she is not working, is able to perform the main tasks of his/her usual professional occupation.

The insurance of a medical student becomes effective if he/she is attending school and is performing his/her duties as a medical student or was performing these duties on the last day he/she normally should have been or, if he/she is not attending school, is able to perform his/her duties as a student on the latest of the following dates:

For the Life insurance

- a) the date on which he/she becomes eligible;
- b) the date on which he/she fills out the insurance application;
- c) the date on which the evidence of insurability is accepted by the insurer, where applicable.

For the Loss of income insurance

- a) the date on which the first-year medical student becomes eligible if his/her enrolment application and the evidence of insurability are deemed satisfactory by the insurer; the student qualifies for the automatic increases provided for in the contract without having to provide evidence of insurability;
- b) the date on which the plan administrator receives the first-year medical student's enrolment application and the evidence of insurability deemed satisfactory by the insurer; the student qualifies for the automatic increases provided for in the contract without having to provide evidence of insurability;
- c) the date on which the evidence of insurability is accepted, in all other cases.

If a medical student is not attending school or if he/she cannot perform his/her duties as a medical student as a result of an illness or an accident on the day his/her coverage is to take effect, he/she becomes insured the day on which he/she returns to school and fully performs his/her duties as a medical student or, if he/she is not attending school, he/she is able to fully perform his/her duties as a student. However, if the student becomes disabled during the course of his/her medical studies, these automatic increases to the Income protection insurance cease, even after the student returns to his/her studies.

The insurance for the participant's dependent, if not hospitalized, becomes effective on the latest of the following dates:

- a) the date of the beginning of the participant's insurance;
- b) the date on which the person becomes eligible for the insurance;
- c) the date on which the evidence of insurability is accepted by the insurer, where applicable.

The insurance may not become effective before at least the first monthly premium reaches the insurer and as long as the proposed risk is insurable at the regular rate at the date on which the evidence of insurability form is completed. In the case of a substandard risk, the insurance cannot become effective before the insurer receives the evidence of insurability and the first monthly premium, including any extra premium. If the evidence of insurability required by the insurer has not been provided within the sixty (60) days following the date on which the participant signs the insurance application, the latter becomes null and void.

If a participant dies subsequent to an accident which occurred within the sixty (60) days which immediately follow the date on which he/she completed the insurance application and provided the evidence of insurability was not refused prior to the date of death, the insurance is deemed to have been effective at the time of the death.

SUICIDE

If the proposed insured commits suicide during the first two (2) years following the date of his insurance enrolment under this application, the insurer's liability is limited to the sole reimbursement of the premium paid, unless the suicide occurred while the proposed insured was suffering from a mental illness diagnosed prior to the suicide by a physician other than the participant.

CONTESTABILITY

Any declaration made by the proposed insured supporting the insurance application shall be contestable.

INTERPRETATION

Any insurance granted under this binding receipt shall be subject to the provisions of the group policy issued on behalf of the Fédération des Médecins Résidents du Québec (88R00).

EVIDENCE OF INSURABILITY

The plan shall be subject to evidence of insurability deemed satisfactory by the insurer. The medical students who have provided evidence of insurability deemed satisfactory by the insurer are not required to provide evidence of insurability for automatic increases for as long they remain healthy (are not disabled).

TERMINATION OF THE INSURANCE

This plan terminates at the latest six (6) months after the insured receives the title of family physician or specialist, without exceeding two (2) years following the termination of residency.