

A group insurance plan insured by SSQ Assurance, a life insurance company, hereinafter SSQ Insurance, and administered by:

**Sogemec ASSURANCES**  
Financial Services Firm

**Policy 88G00**

**IDENTIFICATION**

Last name \_\_\_\_\_ First name \_\_\_\_\_

Date of birth: | Y | Y | Y | Y | | M | M | D | D | Sex:  F  M Correspondence:  French  English Practice licence n°: \_\_\_\_\_ Speciality: \_\_\_\_\_

Address:  Home  Office

N° \_\_\_\_\_ Street \_\_\_\_\_ Suite or apt. \_\_\_\_\_ City \_\_\_\_\_

Province \_\_\_\_\_ Postal Code \_\_\_\_\_ Email \_\_\_\_\_

Telephone: Office: \_\_\_\_\_ Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Prof. income after operating expenses \_\_\_\_\_ Gross annual income \_\_\_\_\_

New member Date on which you became a member of the FMSQ or the Collège Des Médecins du Québec | Y | Y | Y | Y | | M | M | D | D |

Senior resident Date on which you completed your residency | Y | Y | Y | Y | | M | M | D | D |

**BENEFIT SELECTION** - Please refer to page 4 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.  
Quebec residents only: under provincial law, you have 10 days to cancel optimal benefits.

BENEFIT A	PARTICIPANT'S LIFE INSURANCE			
<b>AGE</b>	<b>MINIMUM</b>	<b>MAXIMUM</b>	<b>SUM INSURED SELECTED</b>	<b>WAIVER OF PREMIUMS</b>
Under 55	\$25,000	\$2,090,000	Multiple of \$1,000 _____	<input type="checkbox"/> Yes
55 – 59	for all ages	\$1,515,000	<input type="checkbox"/> Participant <input type="checkbox"/> 10-year term life insurance (T10)	<input type="checkbox"/> No: This choice is irrevocable
60 – 64		\$994,000	<input type="checkbox"/> Partner <input type="checkbox"/> Preferred	
65 – 69		\$532,000		
70 – 74		\$119,000		
75 – 79 inclus		\$70,000		

BENEFIT B	ACCIDENT INSURANCE		
<b>You must enrol in benefit A, C or D to be entitled to this insurance.</b>	<b>Minimum</b>	<b>Maximum</b>	<b>Sum insured</b>
The sum insured selected cannot exceed the largest of:	\$25,000	\$775,000	\$ _____
• Your amount of insurance for life insurance or			Multiple of \$1000
• 100 times your amount of insurance for Income protection insurance or			
• 100 times your amount of insurance for Overhead expense insurance			

BENEFIT C	DISABILITY INSURANCE- INCOME PROTECTION						
<input type="checkbox"/> <b>ENROLLMENT</b>	<b>MONTHLY MINIMUM</b>	<b>MONTHLY MAXIMUM</b>	<b>SUM INSURED SELECTED</b>	<b>DEFINITION OF DISABILITY</b>	<b>MAXIMUM AGE FOR BENEFIT PAYMENT</b>	<b>ANNUAL INDEXATION OF BENEFITS</b>	<b>WAITING PERIOD</b>
	\$500	\$20,000	\$ _____ Multiple of \$100	<input type="checkbox"/> Own occupation <input type="checkbox"/> Integrated income	<input type="checkbox"/> 70 yrs <input type="checkbox"/> 65 yrs	According to the Consumer Price Index <input type="checkbox"/> Max. 3% (included) <input type="checkbox"/> Max. 5% (included)	<input type="checkbox"/> 30 days <input type="checkbox"/> 45 days <input type="checkbox"/> 90 days <input type="checkbox"/> 180 days

I would like to enroll to the guaranteed insurability option

 **INCREASE**

I would like to take out the Guaranteed insurability option:

**Check this box if you had the Guaranteed insurability option at the end of your residency. If you were not disabled at any point during your residency, the \$500 or \$1,000 (if applicable) monthly benefit increase will apply to the choice. If you were disabled during your residency, please contact Sogemec Assurances inc.**

BENEFIT C	DISABILITY INSURANCE- INCOME PROTECTION						
	<b>MONTHLY MINIMUM</b>	<b>MONTHLY MAXIMUM</b>	<b>SUM INSURED SELECTED</b>	<b>DEFINITION OF DISABILITY</b>	<b>MAXIMUM AGE FOR BENEFIT PAYMENT</b>	<b>ANNUAL INDEXATION OF BENEFITS</b>	<b>WAITING PERIOD</b>
	\$500	\$20,000	\$ _____ Multiple of \$100	<input type="checkbox"/> Own occupation <input type="checkbox"/> Integrated income	<input type="checkbox"/> 70 yrs <input type="checkbox"/> 65 yrs	According to the Consumer Price Index <input type="checkbox"/> Max. 3% (included) <input type="checkbox"/> Max. 5% (included)	<input type="checkbox"/> 30 days <input type="checkbox"/> 45 days <input type="checkbox"/> 90 days <input type="checkbox"/> 180 days

Max sum insured that can be obtained \$ \_\_\_\_\_  Smoker rates  Non-smokers rates

Professional income after operating expenses: \$ \_\_\_\_\_

- 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 option terminates if the additional premium is not paid, and the member cannot enroll again.
- The payment method used shall be the same as the selected upon enrollment for Benefit C.

**BENEFIT D OFFICE OVERHEAD EXPENSE INSURANCE**

MINIMUM	MAXIMUM	SUM UNSURED SELECTED	
MENSUEL	MENSUEL	\$	
\$500	\$18,100	Multiple of \$100	Yearly operating expenses: \$ _____
<input type="checkbox"/> 15 months	<input type="checkbox"/> 24 months		

**BENEFIT E DEPENDANT LIFE INSURANCE**

You must enroll benefit A, C or D to be entitled to this insurance. The spouse's life insurance premiums will be waived if you chose this option under benefit A.

Spouse's last and first name: \_\_\_\_\_ Sex:  M  F Date of birth: [ Y , Y , Y , Y | M , M | D , D ]

	MINIMUM	MAXIMUM	SUM INSURED SELECTED
<b>Spouse</b>	\$10,000	\$250,000	\$
	Multiple of \$10,000		

	MINIMUM	MAXIMUM	SUM INSURED SELECTED
<b>Child</b>	\$5,000	\$50,000	\$
	Multiple of \$5,000		

**Insurance in case of accidental death or loss**

You must enroll in the Dependant life insurance to be entitled to the insurance.

	MINIMUM	MAXIMUM	SUM INSURED SELECTED
<b>Spouse</b>	\$10,000	\$250,000	\$
	Multiple of \$10,000		

	MINIMUM	MAXIMUM	SUM INSURED SELECTED
<b>Child</b>	\$5,000	\$50,000	\$
	Multiple de \$5,000		

**BENEFIT F OPTIONAL CRITICAL ILLNESS**

Spouse's last and first name: \_\_\_\_\_ Sex:  M  F Date of birth: [ Y , Y , Y , Y | M , M | D , D ]

	MINIMUM	MAXIMUM WITHOUT EVIDENCE	SUM INSURED SELECTED
<b>Participant</b>	\$20,000	\$50,000	\$
	Multiple de \$10,000		

	MINIMUM	MAXIMUM WITHOUT EVIDENCE	SUM INSURED SELECTED
<b>Spouse</b>	\$20,000	\$30,000	\$
	Multiple de \$10,000		

**MAXIMUM WITH EVIDENCE: \$500,000**

**OTHER INSURANCE COVERAGE** If you have no other insurance, check this box

Company	Status of Insurance		Type of coverage (life, disability, overhead)	Replaced by FMSQ		Maximum amount of insurance
	Individual	Group		Yes <sup>1</sup>	No	

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

**DESIGNATION OF BENEFICIARIES** Complete this section if you enroll in benefit A or B.

Last name, first name	Date of birth (if beneficiary minor)			Relationship with the participant	Portion in %	Please check
	Y	M	D			
						<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 Quebec 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 the change the beneficiary. The IRREVOCABLE designation of a minor cannot be changed until they reach the age of majority.

Unless the member indicates otherwise, the designation applies to all coverages held under coverages A and B and revokes any previous designation of a revocable beneficiary. The insurer will require the irrevocable beneficiary's written authorization for any change of beneficiary.

**PAYMENT METHOD** — Please select one option only: 1 or 2.

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

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

Types of services:  Personal  Business Please enclose a sample cheque marked "VOID"

<b>Name of the account holder</b>	<b>Name of the financial institution</b>	<b>Bank account number</b>
<b>Full address of the financial institution</b>		<b>Transit number</b>

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 of automatic withdrawals from my/our bank account will be treated as personal withdrawals as defined by Payments Canada's Rule H1. 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 of through payments.ca. If you have any questions about withdrawals from your bank account, contacts us a 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 of any PAD withdrawal that is not authorized of is inconsistent with the 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 payment.ca.

Name of account holder (PLEASE PRINT)

Signature of the account holder

Second signature of account holder if joint account

Date

**OPTION 2: YEARLY CHEQUE PAYMENTS**

Type of services:  Personal  Business

Please enclose a cheque payable to Sogemec Assurances inc.

## DECLARATION AND AUTHORIZATION FOR THE COLLECTION AND COMMUNICATION OF PERSONAL INFORMATION

Have you smoked any cigarettes during the last 12 months? PARTICIPANT:  Yes  No SPOUSE:  Yes  No

I certify that the above answer if true and 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, auditing and paying claims. A photocopy of this authorization is as valid as the original.

Signature of member or senior resident: \_\_\_\_\_

Date: | Y , Y , Y , Y | | M , M | | D , D | Signature of the spouse: \_\_\_\_\_

**ATTENTION: Les signatures ci-après sont requises uniquement si un représentant a rempli les formalités d'adhésion.**

Signature of financial security advisor \_\_\_\_\_ Signature of training supervisor (if trainee): \_\_\_\_\_ Date: \_\_\_\_\_

## PERSONAL INFORMATION MANAGEMENT

SSQ Insurance and Sogemec Assurance inc. (Sogemec) handle the personal information they have on you 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. 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 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 Protection Officer  
2525 Laurier Blvd.  
P.O. Box 10500, Station Ste-Foy  
Quebec, QC G1V 4H6

Sogemec Assurances inc.  
2, Complexe Desjardins, tour de l'est, 20e 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 you do not wish to receive these offers, you may have your name removed from the lists. To do so, you must send a written request to the Privacy Officer at SSQ Insurance or to Sogemec.

## BINDING RECEIPT EFFECTIVE DATE OF THE INSURANCE

The insurance of a member or senior resident becomes effective if he/she is at work on a full-time basis of was at work on the last scheduled work day, on a full-time basis, he/she was normally supposed to be and if he/she performs the main tasks of his/her usual professional occupation, on the latest of the following dates:

- The date on which he/she becomes eligible;
- The date on which he/she completes the insurance application;
- The date on which the evidence of insurability is accepted by the insurer, where applicable.

If the member is not actively working on the day on which his/her insurance is to become effective, he/she becomes insured on the day on which he/she resumes active full-time work and performs the main tasks of his/her usual professional duties.

If the senior resident is not actively employed on a full-time basis, but is able to perform the main tasks of his/her usual professional duties, the insurance takes effect on the latest of the following dates:

- The date on which he/she becomes eligible, that is, on the date on which he/she completes his/her residency;
- The date on which he/she completes the insurance application;
- The date on which the evidence of insurability, if requested, is accepted by the insurer.

The insurance for the member's or senior resident's dependent becomes effective on the latest of the following dates:

- The effective date of the member's insurance;
- The date on which the person becomes eligible for the insurance;
- 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 submitted. Should the proposed risk not be insurance at the regular rate, the insurance cannot become effective before the insurer receives the evidence of insurability and the full first month's premium, including any extra premium. I the evidence of insurability required be the insurer has not been provided within sixty (60) days following the date on which the insurance application is signed, the latter becomes null and void. If a member or senior resident dies subsequent to an accident which occurred within the sixty (60) days immediately following 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 enrollment date in the insurance 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 member.

### CONTESTABILIBY

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 specialists du Québec.

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**EVIDENCE OF INSURABILITY – EXEMPTIONS GRANTED TO NEW MEMBERS OR SENIOR RESIDENTS.**

Evidence of insurability must be submitted for all benefits. However, new members, senior residents and their dependents are not required to provide evidence of insurability for the benefits below, provided the applicable conditions are respected. With respect to any amount of insurance obtained without evidence of insurability, no benefit will be paid in the event of death or disability that occurs during the first 24 months after taking out coverage and that results from a pre-existing medical condition during the 36 months immediately preceding the effective date of coverage. "Pre-existing medical condition" means an injury, an illness or a physical condition, whether or not the diagnosis has been determined, for which the symptoms first manifested themselves, for which treatment was recommended, required or obtained or for which medication was prescribed or taken during the 36 months immediately preceding the effective date of coverage.

**LIFE INSURANCE, INCOME PROTECTION INSURANCE AND OFFICE OVERHEAD EXPENSE INSURANCE**

In order for a new member or senior resident to be exempt from having to provide evidence of insurability, his/her insurance application must be received by the administrator within 90 days of the date on which he/she becomes a member of the FMSQ or completes his/her residency.

Age of member at the date on which the administrator receives the insurance application	MAXIMUM WITHOUT EVIDENCE OF INSURABILITY		
	Life Insurance	Income Protection	Office Overhead Expense Insurance
Under 35	\$100,000	\$3,000	\$3,000
35 to 39	\$100,000	\$2,000	\$2,000

**LIFE INSURANCE FOR THE SPOUSE AND DEPENDENT CHILDREN**

In order for a new member or senior resident to be exempt from having to provide evidence of insurability, he/she must hold a minimum of \$100,000 of life insurance and the dependent's insurance application must be received by the administrator within 90 days of the date on which they become eligible.

Age of member at the date on which the administrator receives the insurance application	MAXIMUM WITHOUT EVIDENCE OF INSURABILITY	
	Spouse	Child
Under 35	\$100,000	\$50,000
35 to 39	\$50,000	\$25,000

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**GUARANTEED INSURABILITY OPTION ELIGIBILITY REQUIREMENTS**

The eligibility requirements are as follows:

- The member must be under 45 years of age.
- The member must submit evidence of insurability deemed satisfactory by the insurer.
- The member must be able to demonstrate each year that the net monthly income justifies this annual increase in benefits, taking account of all other individual or group disability insurance in effect.
- The member must not be disabled when the Guaranteed insurability option application is submitted or when the option becomes effective.

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**GUARANTEED INSURABILITY OPTION TAKES EFFECT AND PAYMENT OF THE ADDITIONNAL PREMIUM**

The Guaranteed insurability option and payment of the additional premium shall take effect if the member is actively employed fulltime, or was actively employed fulltime the last day s/he would normally be so, and is performing or able to perform the main duties of his or her usual professional occupation, on June 1 of the year in which application for the option is made, provided evidence of insurability has been deemed satisfactory by the insurer.

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**RESTRICTION RELATED TO INCREASING THE INSURED SUM UNDER COVERAGE C**

Members who choose the Guaranteed insurability option and are under age 40 will not have the right to insured on January 1 of each year.

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**THE RIGHT TO EXERCISE THE GUARANTEED INSURABILITY OPTION**

Members can increase the monthly benefit by \$1,000 at each election period, subject to a maximum of \$10,000 and the policy maximum. The election period is defined as the period during which members can exercise their right to the Guaranteed insurability option. The last day of the election period is June 1 (contract anniversary). This increase shall be applied to the sole election or one of the elections the member made under the abovementioned coverage.

On June 1 each year, members must inform the administrator if they want to take advantage of the annual \$1,000 increase to the monthly benefit:

- If s/he wishes to obtain the annual increase, the member must be employed full time and working on June 1, and must pay the said sum of the current annual premium;
- If s/he refuses the annual increase on June 1 of a given year, the member may only take advantage of future annual increases for which s/he is eligible and will have to continue to pay the applicable additional premium.

When a member is disabled during the annual increase, special provisions apply. Please contact Sogemec Assurances inc. for more information.

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**END OF THE GUARANTEED INSURABILITY OPTION**

The Guaranteed insurability option terminates for all members at 12:00 a.m. on the following dates:

- The date on which the contract is terminated.
- The due date for the additional premium if it is not paid by the end of the grace period.
- The June 1 following the member's 45th birthday, on which date the right to exercise the Guaranteed insurability option ends.
- The date on which the member ceases to participate in the income protection insurance.
- The date on which the member exercises the Guaranteed insurability option for the tenth time.
- The date on which the total sum insured of the member's contract reaches the maximum permitted under the contract.