



Enrolment ☐ Increase ☐ Modification ☐

A group insurance plan underwritten by SSQ, Life Insurance Company (SSQ Insurance) and administered by

Sogemec

ASSURANCES

financial services firm

Policy 88R00

PERSONAL INFORMATION

Last name

First name

Date of birth:

Y

Y

Y

Y

M

M

D

D

Sex: ☐ F ☐ M

Language preference: ☐ English ☐ French

Spouse's date of birth:

Y

Y

Y

Y

M

M

D

D

Address:

No.

St.

Suite or apt.

City

Province

Postal code

Email

Telephone: Home:

Cell:

What year did you became a member of the FMRQ?

Residency level:

Resident number:

Residency termination date:

Y

Y

Y

Y

M

M

D

D

If general practitioner, check: ☐

Specialty:

If you are a student, specify what year: ☐ Pre-med ☐ First year ☐ Second year ☐ Third year ☐ Clerkship 1 ☐ Clerkship 2

When will you complete your studies?

Y

Y

Y

Y

M

M

D

D

Name of the university:

CHOICE OF COVERAGE – Please refer to Page 3 for the evidence of insurability requirements.
All coverage provided by the contract is subject to the provisions concerning limitations, reductions and exclusions.
For Quebec residents only: Legislation provides for a 10-day grace period for cancelling an optional benefit.

☐ BENEFIT 1

PLAN MEMBER'S LIFE INSURANCE

	Minimum	Maximum	Selected insurance amount
Plan member	\$20,000	\$750,000	\$ <div></div> <div>Multiples of \$10,000</div>
Spouse	\$10,000	\$250,000	\$ <div></div> <div>Multiples of \$10,000</div>
Child	\$5,000	\$50,000	\$ <div></div> <div>Multiples of \$5,000</div>

ACCIDENT INSURANCE

☐ Yes

☐ No:

The amount is the same as for life insurance

☐ BENEFIT 2

LOSS OF INCOME INSURANCE INCLUDING THE GUARANTEED INSURABILITY BENEFIT

	SHORT-TERM DISABILITY INSURANCE	LONG-TERM DISABILITY INSURANCE
Elimination period	90 days	105 weeks from the onset of disability
Maximum benefit period	Up to the 104th week of disability	Up to age 65
Monthly benefit amount	Min. \$500 – Max. \$1,500	Min. \$500 – Max. \$4,500
Annual cost-of-living adjustment to benefits	None	According to the CPI – Max. 3%
Selected insurance amount	\$ <div></div> – Multiples of \$100	\$ <div></div> – Multiples of \$100

OTHER INSURANCE If no other insurance, check: ☐

Company	Type of insurance		Type of benefit (life, disability, overhead expenses)	Replaced by the FMRQ		Maximum insurance amount
	Individual	Group		Yes ¹	No	

¹ NOTE: If a financial security advisor completes the application form, they must complete a notice of replacement form, if applicable.

BENEFICIARY DESIGNATIONS Fill out this section if you enrolled in Benefit 1.

First and last name(s)	Date of birth (if minor beneficiary) Y M D	Relationship to plan member	Share in %	Please check
	<div></div>			<input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable
	<div></div>			<input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable
	<div></div>			<input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable

In Quebec, if you do not indicate revocable or irrevocable, designating a legal spouse is irrevocable and any other beneficiary is revocable.
If you do not indicate a beneficiary, the benefit will be paid to your legal heirs.
Revocable beneficiary: This designation can be modified without the beneficiary's consent.
Irrevocable beneficiary: This designation CANNOT be modified without the beneficiary's consent.
Designating a minor as an irrevocable beneficiary cannot be modified until the person is an adult.
Unless otherwise indicated by the plan member, this designation is applicable to all coverage held under Benefits A and B and revokes any previous designation of a revocable beneficiary.

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

☐ **OPTION 1: MONTHLY PAYMENTS DEBITED FROM YOUR ACCOUNT (PAD)**

The payments will be debited monthly from the account indicated below.

Types of services: ☐ Personal ☐ Business **Please attach a VOID cheque.**

Name of account holder	Name of financial institution	Bank account No.
Full address of the financial institution		Transit number

Type of account: ☐ Personal chequing account ☐ Savings-chequing account ☐ Direct deposit account ☐ Other

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

If more than one signature is required to authorize debits from this account, both account holders must sign this authorization.

I/We authorize Sogemec Assurances Inc. to debit an amount of \$_____ from my/our bank account in payment of the monthly insurance premiums owing on or near the signature date of this authorization or the following business day. The amount debited from my/our account may vary in accordance with the provisions of the insurance contract or as required for managing the contract. I/We waive the right to receive 10-day notice of the amount and date of each debit from my/our account. If the bank or financial institution does not honour a monthly debit on the scheduled date, Sogemec Assurances Inc. may make a second attempt in the following 30 days. Sogemec Assurances Inc. reserves the right to require another payment method if the debit is refused. All single or automatic debits from my/our bank account will be treated as personal preauthorized debits as defined in Rule H1, Pre-authorized Debits (PADS) issued by Payments Canada. I/We can cancel this agreement at any time by sending written notice of 10 days to Sogemec Assurances Inc. It is understood that in the event this preauthorized debit agreement is cancelled, the insurance may terminate unless Sogemec Assurances Inc. receives payment in another way.

You can obtain a form for cancelling the agreement by contacting your financial institution or by going to Payments Canada at payments.ca. If you have questions about any debits from your bank account, please contact us at 1 800 361-5303, email us at information@sogemec.qc.ca or mail a letter to Sogemec Assurances Inc., CP 217, succ Desjardins, Montréal, Québec, H5B 1G9.

You have certain recourse rights if any debit does not comply with this agreement. You have the right to be reimbursed for any unauthorized debits or those that do not comply with this agreement. To obtain a reimbursement request form or for further information about your recourse rights, please contact your financial institution or visit the Payments Canada site at payments.ca.

Name of the account holder (IN CAPITAL LETTERS)	Signature of the account holder
Second signature if this is a joint account	Date

☐ **OPTION 2: ANNUAL PAYMENT BY CHEQUE:**

Type of services: ☐ Personal ☐ Business

Please attach a cheque made out to Sogemec Assurances Inc.

DECLARATION AND AUTHORIZATION FOR THE COLLECTION AND COMMUNICATION OF PERSONAL INFORMATION

Have you smoked cigarettes in the last 12 months? **PLAN MEMBER:** ☐ Yes ☐ No **SPOUSE:** ☐ Yes ☐ No

I certify that the answer above is true and I consent to it being used as the basis for the requested insurance. I acknowledge that any inaccurate statement will result in a reduction of the payable amounts, which will be pro-rated to the smoker rate, if the non-smoker rate was granted.

I HEREBY CERTIFY to the best of my knowledge that all the information provided in this form is true and complete. **I CONFIRM** that I am authorized to disclose the information concerning my spouse and my dependent children for establishing their eligibility for any coverage that concerns them. **I CONSENT** to the information provided in this form being disclosed to Sogemec Assurances Inc. and to SSQ Insurance, its employees, its agents, its reinsurers and its service providers who are responsible for contract management, investigations, underwriting and processing claims under the FMRQ's group insurance plan. **I ACKNOWLEDGE** that any insurance coverage provided in accordance with this application is subject to the provisions of the policy issued to the FMRQ. **I CONFIRM** that I have read the FMRQ insurance plan informational booklet. **I UNDERSTAND** that a photocopy of this authorization is considered as valid as the original. **I ACKNOWLEDGE** that I have read the notice on the back of this agreement concerning the protection of personal information. **I CONFIRM** that I have kept a copy of this duly completed and signed form.

Plan member's signature: _____ **Date:**

	Y		Y		Y		Y		M		M		D		D
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Spouse's signature: _____

NOTE: The signatures below are only required if a representative completed this application form.

Representative's signature: _____ **Training supervisor's signature (if trainee):** _____ **Date:** _____

PROTECTION OF PERSONAL INFORMATION

SSQ Insurance and Sogemec Assurances Inc. (Sogemec) protect the confidentiality of your personal information. SSQ Insurance and Sogemec respectively store this information in a file for the purpose of allowing you to benefit from the group insurance services they offer. This information is only consulted by SSQ Insurance and Sogemec employees who must do so to perform their duties. SSQ Insurance may compile anonymized information for statistical and informational purposes. You have the right to access your file at SSQ Insurance and Sogemec. You may also have any information corrected if you demonstrate that it is inaccurate, incomplete, ambiguous or unnecessary. To do so, you must send a written request to one of the following addresses:

SSQ Insurance Personal Information Protection Officer 2525 boul Laurier CP 10500 succ Sainte-Foy Québec QC G1V 4H6	Sogemec Assurances Inc. 2 Complexe Desjardins, Tour de l'est 20 ^e étage CP 217, succ Desjardins Montréal QC H5B 1G9
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SSQ Insurance and Sogemec may use their client lists for offering an insurance product after their group insurance terminates. If you do not wish to receive these offers, you have the right to have your name deleted from this list. To do so, send a written request to the Personal Information Protection Officer at SSQ Insurance or Sogemec.

CONDITIONAL INSURANCE AGREEMENT

INSURANCE EFFECTIVE DATE

A resident's or a senior resident's insurance becomes effective on the latest of the following dates if the person is working and performing the main tasks of their professional duties or was doing so on the last day that they were scheduled to do so, or if they were not working, are able to perform their usual professional duties:

- a) The date the person becomes eligible
- b) The date the person completes the insurance application
- c) The date the Insurer approves any required evidence of insurability

CONDITIONAL INSURANCE AGREEMENT (CONT.)

If the resident or the student is not actively at work or due to sickness or an accident is not able to perform the main tasks of their usual professional duties on the day the insurance should have taken effect, the insurance takes effect on the day the person returns to work and performs the main tasks of their usual professional duties or if the person is not working, they are able to perform the main tasks of their usual professional duties.

Medical students’ insurance becomes effective on the latest of the following dates if they are in school and are performing the duties of a medical student or were doing so on the last day they were scheduled to do so or if they are not in school, are able to perform the duties of a medical student:

FOR LIFE INSURANCE

- a) The date the person becomes eligible
- b) The date the person completes the insurance application
- c) The date the Insurer approves any required evidence of insurability

FOR LOSS OF INCOME INSURANCE

The insurance of a dependent of a member or a senior resident comes into effect on the latest of the following dates:

- a) The date first-year medical students become eligible if their insurance application and evidence of insurability are deemed satisfactory by the insurer; students are qualified for the automatic increases in the contract without evidence of insurability
- b) The date the administrator receives first-year medical students’ insurance applications and their evidence of insurability is deemed satisfactory by the insurer; students are qualified for the automatic increases in the contract without evidence of insurability
- c) The date their evidence of insurability is approved in all other cases

If a medical student is not actively in school or due to sickness or an accident is not able to perform the duties of a student on the day the insurance should have taken effect, the insurance takes effect on the day the person returns to school and fully performs the duties of a student or if the person is not in school, they are able to fully perform the duties of a student. However, if the student experiences a period of disability during medical school, the automatic insurance increases for loss of income cease, even after the student returns to medical school.

The insurance of a plan member’s dependent comes into effect, if the dependent is not hospitalized, on the latest of the following dates:

- a) The date the plan member’s insurance comes into effect
- b) The date the dependent becomes eligible for insurance
- c) The date the Insurer approves any required evidence of insurability

Insurance will not come into effect until the first monthly premium is received by the insurer and is conditional on the person being insurable at the standard rate on the day evidence of insurability is completed. If the person represents a substandard risk, the insurance will not come into effect until the insurer receives evidence of insurability and the first monthly premium, including any extra premium. If the evidence of insurability required by the insurer is not provided within 60 days following the date the insurance application is signed, the application becomes null and void.

If the plan member dies due to an accident occurring within the 60 days immediately after the date the insurance application was completed, and provided that the evidence of insurability was not rejected before the date of death, the insurance is considered to have been in effect at the time of death.

SUICIDE

If the applicant commits suicide during the first two years after enrolling in insurance in accordance with the application, the insurer’s obligations are limited to reimbursing the premium paid unless the suicide occurred due to a mental illness diagnosed before the suicide by a physician other than the plan member.

CONTESTABILITY

Any statements made by the applicant in support of the insurance application are contestable.

INTERPRETATION

Any insurance granted under the conditional insurance agreement is subject to the provisions of the group policy issued to the *Fédération des médecins résidents du Québec* (88R00).

EVIDENCE OF INSURABILITY

The plan is subject to evidence of insurability deemed satisfactory by the insurer. Medical students who provide evidence of insurability deemed satisfactory by the insurer are not required to provide evidence of insurability for automatic increases as long as they are not on disability.

TERMINATION OF COVERAGE

The plan terminates at the latest six months after the plan member earns the title of general practitioner or specialist, without exceeding two years after termination of residency.

ELIGIBILITY CONDITIONS FOR THE GUARANTEED INSURABILITY OPTION

The guaranteed insurability option is subject to the provisions concerning limitations, reductions and exclusions in the FMRQ contract (88R00) and also when the plan member’s coverage is transferred to the FMSQ (88G00) contract after terminating residency.

The maximum number of option periods is 10, for a total loss of income insurance amount of \$10,000. The insurance amount under the guaranteed insurability option is applied to the existing insurance amount depending on the following criteria:

- Elimination period: 90 days
- Annual cost-of-living adjustment to benefits: CPI – maximum 3%
- Maximum benefit period: up to age 65
- Maximum benefit under the FMR contract: \$4,500

After termination of the plan member’s residency, unused option periods up to an initial overall amount of \$10,000 are transferred to the FMSQ (88G00) contract upon enrolment.

Premiums are payable as long as the plan member holds the guaranteed insurability option, whether or not it is exercised.

The requirements are as follows:

- a) Plan members must be under age 45
- b) Plan members must provide evidence of insurability deemed satisfactory by the insurer
- c) Plan members must demonstrate annually that their net monthly income justifies this annual increase of benefits, taking into account any other individual or group insurance held
- d) Plan members must not be on disability at the time of applying for the guaranteed insurability option or on the effective date of this option

TRANSFER OF INSURANCE AMOUNTS TO THE *FÉDÉRATON DES MÉDECINS SPÉCIALISTES DU QUÉBEC* – FMSQ (88G00) CONTRACT

After termination of residency, those plan members who become members of the FMSQ (88G00) contract may transfer the insurance amounts held under the FMRQ (88R00) contract to the FMSQ (88G00) contract. As long as their guaranteed insurability option remains in force, plan members continue to pay the additional premium for annual increases to which they are entitled, depending on the option selected when they enrolled in the FMSQ (88G00) contract.

When first enrolling in the FMRQ (88R00) contract, plan members may exceptionally take advantage of a annual increase of \$1,000 in addition to the automatic increase associated with their specialty.

TERMINATION OF THE GUARANTEED INSURABILITY OPTION

Plan members’ guaranteed insurability option terminates at 12 midnight on the earliest of the following dates:

- a) The date the FMRQ (88R00) or FMSQ (88G00) contract is cancelled
- b) The due date of the additional premium if it is not paid before the end of the grace period
- c) October 1 after their 45th birthday, which is the date the right to exercise the guaranteed insurability option terminates
- d) The date plan members end enrolment in loss of income insurance
- e) The date plan members exercise the right to the guaranteed insurability option for the tenth time
- f) The date the total insurance amount held reaches the maximum set out in the contract