



Enrollment ☐ Increase ☐ Modification ☐

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



Policy 88N00

ELIGIBILITY FOR INSURANCE ☐ SALARIED MEMBER ☐ AUTONOMOUS MEMBER

To be eligible for insurance, you must be a member of the Chambre des notaires du Québec.

IDENTIFICATION

Last name: First name:

Date of birth : | Y | Y | Y | Y | | M | M | D | D | Sex: ☐ F ☐ M Language of communication: ☐ English ☐ French Notary code:

Office address

Name of the notarial etude

Address of the etude – No Street Suite City Province Postal code | | | | | | | | | |

Home address

Address o of the member Street Suite apt. City Province Postal code | | | | | | | | | |

Telephone: Office: | | | | | | | | | | Home: | | | | | | | | | | Cell: | | | | | | | | | |

E-mail address:

Gross annual income:

Date you became a member of the Chambre des notaires du Québec | | Y | Y | Y | Y | | M | M | D | D |

BENEFIT SELECTION

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

☐ ENROLLMENT

All of the members categories

MINIMUM\$50,000

MAXIMUM\$1,000,000

SUM INSURED SELECTEDMultiple OF \$1,000

WAIVER OF PREMIUMS

☐ YES☐ No: This choice is irrevocable

☐ I would like to enroll to the guaranteed insurability option.

☐ INCREASE

The member may obtain, for each option period, \$50,000 in life insurance in addition to the insured amount already held. An option period is defined as the permissible date on which the member may exercise the option of the Guaranteed Insurability Option, which is July 1 (policy anniversary date) depending on the age reached of 25, 30, 35, 40 or 45 years. The maximum number of option periods is five, for an additional total life insurance amount of \$250,000. The insured amount of the insured insurability option will be allocated in proportion to the amounts already insured. whether they are exempt from disability premiums or not. An option period may be accelerated. Please refer to the "Events That May Advance an Option-Warranty Period Only" section below on this form.

☐ I would like to take out the Guaranteed insurability option.

BENEFIT B ACCIDENT DEATH AND DISMEMBERMENT (AD&D) INSURANCE

You must enrol in benefit A, C or D to be entitled to this insurance. The sum insured selected cannot exceed the largest of:

- Your amount of insurance for life insurance or
- 100 times your amount of insurance for Income protection insurance or
- 100 times your amount of insurance for Overhead expense insurance

MINIMUM\$50,000

MAXIMUM\$250,000

SUM INSURED SELECTEDMultiple of \$1,000 \$

BENEFIT C DISABILITY INSURANCE- INCOME PROTECTION

☐ ENROLLMENT

	MONTHLY MINIMUM	MONTHLY MAXIMUM	Annual indexation of benefits	
Member	\$500	\$8,000	According to the Consumer Price Index – max. 4%:	<input type="checkbox"/> Yes <input type="checkbox"/> No

Waiting period

Salaried member/autonomous member  
☐ 14 days ☐ 60 days ☐ 112 days  
☐ 30 days ☐ 90 days ☐ 180 days

☐ I would like to enroll to the guaranteed insurability option.

☐ INCREASE

The member may obtain, for each option period, \$500 in additional monthly annuity to the insured amount already held. An option period is defined as the permitted date on which the member may exercise its right to the Guaranteed Insurability Option, which is July 1 (the policy anniversary date). The maximum number of option periods is ten, for a total amount of long-term disability insurance of \$5,000. The insured amount of the insured insurability option may be allocated in proportion to the amounts already insured or applied to a single insured amount.

☐ I would like to take out the Guaranteed insurability option.

BENEFIT D	OFFICE OVERHEAD EXPENSE INSURANCE - To be eligible for this guarantee, you must participate in Guarantee A or C.		
	MONTHLY MINIMUM	MONTHLY MAXIMUM	
Autonomous member only	\$500	\$8,000	<input type="checkbox"/> Option 1 <input type="checkbox"/> Option 2
Waiting period	<input type="checkbox"/> 14 days	<input type="checkbox"/> 30 days	
Annual operating expenses: \$			Sum insurance selected \$ (multiple of \$100)

BENEFIT E	DEPENDANT LIFE INSURANCE		
You must enroll benefit A to be entitled to this insurance. The spouse’s life insurance premiums will be waived if you chose this option under benefit A.			
	MINIMUM	MAXIMUM	Spouse sex <input type="checkbox"/> M <input type="checkbox"/> F
Spouse (all categories of members)	\$25,000	\$250,000	Sum insurance selected \$ (multiple of \$1,000)
			Childs <input type="checkbox"/> Yes <input type="checkbox"/> No Uniform amount: \$10,000/child

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

Company	Status of insurance		Type of coverage (life, disability, overhead)	Replaced		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.

For all other provinces

Unless otherwise stipulated, the designation of any other person as beneficiary is REVOCABLE.

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: ☐ Personnel ☐ Business Please enclose a sample cheque marked “VOID”

Name of the 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 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 or through payments.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 of any PAD withdrawal that is not authorized or 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
	Y   Y   Y   Y   M   M   D   D
Second signature of account holder if joint account	Date

☐ OPTION 2: YEARLY CHEQUE PAYMENTS

Type of services: ☐ Personnel ☐ 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: Signatures are only requires below if a financial security advisor has enrolled the member.

Signature of financial security advisor: \_\_\_\_\_ Signature of training supervisor (if trainee) : \_\_\_\_\_ Date: [ Y , Y , Y , Y | M , M | D , D ]

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 20<sup>e</sup> 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.

PROVISIONAL INSURANCE IN CASE OF ACCIDENTAL DEATH OR DISABILITY

A temporary accidental death or disability benefit is available to you as follows:

1. Provisional insurance begins on the later of:

a. the date on which the application is signed;

b. the date the necessary evidence of insurability is submitted and the first appropriate monthly premium is received by the administrator.

2. The sum of all death or disability benefits if you are covered by this temporary Benefit will be in accordance with the amount claimed on the insurance application and will be subject to the same conditions and restrictions as if you were covered by the benefits life insurance or long-term disability insurance.

3. The provisional insurance will terminate on the earlier of:

a. The date on which the Life and Long Term Disability benefits, as requested by you, replace the Accidental Death or Disability temporary Coverage;

b. The date on which life and long-term disability benefits, different from those you requested, are approved. The said guarantees will replace the provisional guarantee provided that they are accepted at the time they are issued (with the payment at that time of the difference between the exact amount of the first premiums and the new premiums to be paid). If the new guarantees are not accepted when they are issued, the provisional guarantee will terminate immediately;

c. the date the insurance application is declined. Premiums will then be refunded.

4. In the case of a death or disability resulting from an accident occurring within 60 days of completing an application, but before submitting the last element of the evidence of insurability or before SSQ Assurance has accepted or refused the request for evidence of insurability, the guarantee forming part of the application is then recognized to have been in force at the time of death or disability, unconditionally.

EVIDENCE OF INSURABILITY – EXEMPTIONS GRANTED TO NEW MEMBERS OF THE CHAMBRE DES NOTAIRES DU QUEBEC

All benefits are subject to evidence of insurability. However, the new member of the Chambre des notaires du Québec benefits from the following exemption:

	MAXIMUM WITHOUT EVIDENCE OF INSURABILITY
Life Insurance	\$50,000
Income Protection	\$1,250

In order for a member to be eligible for the proof of insurability exemption, the insurance application must be received by the administrator within 180 days of becoming a member of the Chambre des notaires du Québec.

GUARANTEED INSURABILITY OPTION ELIGIBILITY REQUIREMENTS

The eligibility requirements are as follows:

- a) The member must be less than 40 years of age for Guarantee A and less than 45 years of age for Guarantee C;

b) The member shall provide evidence of insurability satisfactory to the Insurer;

c) The member shall not be invalid at the time of its application for a Guaranteed Insurability Option or at the time of its coming into force.

d) Benefit C only: the member must be able to demonstrate each year that their net monthly income justifies this monthly benefit increase (\$500) by taking into account other individual or group disability insurance in force.

EVENTS THAT MAY ADVANCE AN OPTION PERIOD – GUARANTEE A ONLY

An option period may be accelerated at one of the following events:

- a) The marriage of the member;

b) the birth of any living child of the member;

c) The legal adoption of a child by the member;

d) The purchase of a family property inhabited or to be inhabited by the member and his family.

The option must then be exercised within 90 days of the event. An option taken during one of these events automatically cancels the next regular option period. Only one event within the same option period is eligible.

GUARANTEED INSURABILITY OPTION TAKES EFFECT AND PAYMENT OF THE ADDITIONNAL PREMIUM

The Guaranteed Insurability Option and the Additional Premium Payment are effective if the member is on full-time active work or was on the last day on which the member was normally scheduled to be on active work, the 1<sup>st</sup> day of the month following the date of acceptance of evidence of insurability satisfactory to the insurer.

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## THE RIGHT TO EXERCISE THE GUARANTEED INSURABILITY OPTION

The member must be at full-time active work on July 1, the exercise date of the option and must and must pay the regular current premium for that amount. The member shall advise the Administrator whether or not it wishes to exercise its right to:

- a) For Benefit A, within 31 days of or prior to July 1, the anniversary date of the benefit, the age of the Plan Member of 25, 30, 35, 40 or 45 years or the date of the event if the insurer is notified within 90 days;
- b) For Benefit B, within 31 days after July 1 of each year.

A member that refuses to exercise its entitlement for the current year may not subsequently redeem the denied year but shall continue to pay the additional premium for future increases to which it is entitled.

In the case of an annual increase when the member is disabled, special provisions apply. Please contact Sogemec Assurance Inc for more information.

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## END OF THE GUARANTEED INSURABILITY OPTION

The Guaranteed insurability option terminates for all members on the following dates:

- a) July 1<sup>st</sup> following the member’s 45<sup>th</sup> birthday;
- b) the date on which the member ceases to pay the additional premium;
- c) The date on which the member’s coverage is terminated;
- d) The termination date of the master contract;
- e) The date of the 5<sup>th</sup> exercise of an option under Guarantee A and the 10<sup>th</sup> exercise under Guarantee C;
- f) The date on which the total insured amount held by the employee reaches the contract maximum.