CHUBB®

GROUP INSURANCE PLAN EMPLOYEE APPLICATION

PLEASE PRINT

For Office Use Only

Firm #:	**Certificate #:**

EMPLOYMENT INFORMATION

Employer:			**Province:**
Date of Full-Time Employment (D/M/Y):		**Occupation:**	
Annual Earnings:	**# of Hours/Week:**	**Class:**	**Effective Date (D/M/Y):**
Province of Employment:			

EMPLOYEE INFORMATION

Last Name:		**Birthdate (D/M/Y):**
First Name:		**Gender:** ☐ **Male** ☐ **Female**
Marital Status: ☐ **Single** ☐ **Married** ☐ **Widowed** ☐ **Separated** ☐ **Divorced** ☐ **Common Law (cohabited for at least 12 months)***		
***Date cohabitation began (for common-law relationships) (D/M/Y):**		
Smoking Status: ☐ **Smoker** ☐ **Non-Smoker**	**Language Preferences:** ☐ **English** ☐ **French**	
Home Address:		
City:	**Province:**	**Postal Code:**

SPOUSAL INFORMATION

Last Name:	**Birthdate (D/M/Y):**
First Name:	**Gender:** ☐ **Male** ☐ **Female**
Smoking Status: ☐ **Smoker** ☐ **Non-Smoker**	

DEPENDENT INFORMATION

Last Name	First Name	Birthdate (D/M/Y)	Gender: M/F	Full-Time Student (age 21-25)	Disabled Dependent (over age 21)
Child			☐ **M** ☐ **F**	☐	☐
Child			☐ **M** ☐ **F**	☐	☐
Child			☐ **M** ☐ **F**	☐	☐

BENEFICIARY DESIGNATION

It is understood that the beneficiary designation made under the Policyholder's Group Life Insurance Policy shall be recognized as the beneficiary under the policy, unless a further designation has been made that specifically identifies the Policy. Failing such designation, all benefits will be paid to the Estate of the Insured Person.

I hereby name the following revocable beneficiary (Irrevocable in the province of Quebec) for for any Life and/or Accidental Death and Dismemberment Insurance benefits payable as a result of my participation in this plan. If the beneficiary is under the age of majority, I appoint the trustee named below to receive any amount payable to a minor beneficiary under this policy. The trustee shall discharge the Insurer for the amount paid.

Please Note: In the province of Quebec, if you have designated your married or civil union spouse as beneficiary, the designation will be considered irrevocable unless you check here: ☐ Revocable.

I hereby make the beneficiary designated below. I may elect to change this beneficiary designation at any time.

Beneficiary's Full Name:	**Relationship to You:**
Trustee's Name (if applicable):	**Relationship to Minor Beneficiary:**

OPTIONAL BENEFIT AMOUNT SELECTION

PLEASE NOTE: The following section only applies to optional coverages and does not need to be completed for coverage under the standard (i.e. non-optional) group benefits. For further information on available optional benefits, please contact your plan administrator

	Optional Accidental Death & Dismemberment		
	☐ **Coverage**	**$**	☐ **Employee Only Plan or** ☐ **Family Plan**

Privacy Notice: At Chubb Life, we are committed to protecting our customers' privacy. Chubb Life's policy is to limit access to customer information to those who need it to serve customers' insurance needs and to maintain and improve customer service. The information provided by customers is required by us, our reinsurers and authorized administrators to assess customers' entitlement to benefits, including but not limited to determining if coverage is in effect, investigating the applicability of exclusions and co-ordinating coverage with other insurers. For these purposes, we, our reinsurers and authorized administrators consult existing insurance files about customers, collect additional information about and from customers, and where required, collect information from and exchange information with, third parties. We do not disclose customer information to third parties other than our agents and brokers, except as necessary to conduct business, e.g., processing claims or as required by law. We advise customers that, in some instances, employees, service providers, agents, reinsurers, and any of their providers, of Chubb and/or Chubb Life may be located in jurisdictions outside Canada and that customers' personal information may thus be subject to the laws of those foreign jurisdictions.

To find out more about the Chubb Privacy Policy or our privacy practices please visit chubb.com/ca or send a written request to: Privacy Officer, Chubb, 199 Bay Street - Suite 2500, P.O. Box 139, Commerce Court Postal Station, Toronto, Ontario M5L 1E2.

I hereby apply for coverage under the Group Insurance Plan, underwritten by Chubb Life Insurance Company of Canada, for which I am or may become eligible and authorize any required payroll deductions for administration of my benefits. I certify that the information provided herein is true, accurate and complete; and that I have no other coverage under this plan and have not applied for any.

Please sign here:

Employee's Signature

Date (D/M/Y)