



# CPCO BENEFITS PROGRAM APPLICATION FORM

Please print clearly

## General Information

Surname	First Name	Initial
Date of Birth (D/M/Y)	Gender <input type="checkbox"/> Female <input type="checkbox"/> Male	CPCO Member No.
Address	City	Province
Postal Code	Telephone Number	e-mail

## Employment Information

School Board	No.	Employee
Position	Affiliation <input type="checkbox"/> Elementary <input type="checkbox"/> Secondary <input type="checkbox"/> Other	
Date of Appointment (D/M/Y)	Annual Salary \$	
Name of School		work e-mail
Work Address (i.e. School)	City	Province
Postal Code	Telephone Number	Ext. Fax

## Spousal Information (if applying for Life or AD&D only)

Surname	First Name	Initial
Gender <input type="checkbox"/> Female <input type="checkbox"/> Male	Date of Birth (D/M/Y)	

## Long Term Disability (LTD)

Coverage:  Option 1 - 100 calendar days / 70% unreduced pension  Option 4 - 150 calendar days / 85 Factor  
 Option 2 - 150 calendar days / 70% unreduced pension  Option 5 - 100 calendar days / 70% unreduced pension / 3% COLA  
 Option 3 - 100 calendar days / 85 Factor

- I have LTD coverage under an Individual or Group Policy insured by \_\_\_\_\_.
- LTD coverage is not mandatory under the terms and conditions of employment at my board and I do not want LTD coverage.

**Please note that if you elect options 3 or 4, your coverage will terminate when you attain your 85 Factor regardless of the level of your pension entitlement.**

**Late Applicants:** Applications made outside of the 90 day eligibility period are considered late and are subject to insurer approval. Please complete a Statement of Health Form along with this application. If approved, your effective date of coverage for LTD will be the date of approval.

**First Alert /Early Notification Service:** In order to assist you in the claims process the First Alert service is an integral part of the LTD Plan. Once you have been absent from work for 15 working days due to illness or injury, you are advised to contact the LTD Disability Department at Johnson Inc. at 1.877.709.5854 or at [cpcoclaims@johnson.ca](mailto:cpcoclaims@johnson.ca). The following authorization allows Johnson Inc. to begin assisting you with the claims process as efficiently as possible. In the event that an LTD claim is filed, it will also serve to authorize Johnson Inc. to notify CPCO of your claim.

Further, you authorize your employer \_\_\_\_\_ to release information regarding your employment status including attendance records, salary information and job description to the CPCO Program Administrator, Johnson Inc., in order to allow for the administration of the Program and properly calculate premiums under the Program.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**PLEASE ENSURE YOU SIGN, COMPLETE AND DATE THE REVERSE SIDE OF THIS FORM.**

## Accidental Death and Dismemberment

Family Status Selected  Member Only  Family Coverage  I do not want Accidental Death and Dismemberment

Amount of Coverage Selected  \$ 25,000  \$ 50,000  \$ 75,000  \$100,000  
 \$125,000  \$150,000  \$175,000  \$200,000

Beneficiary Designation for Member Coverage (the member is automatically the beneficiary for the spousal and children's AD&D insurance)

Surname \_\_\_\_\_ First Name \_\_\_\_\_ Initial \_\_\_\_\_ Relationship to Member \_\_\_\_\_

If you have named a beneficiary under age 18, please indicate the name of the Trustee. Insurance cannot be paid to an under age beneficiary. All proceeds will be directed to the appointed legal guardian or trustee. To ensure underage beneficiaries are protected, please ensure that a legal guardian or trustee has been appointed through your Will.

Trustee: \_\_\_\_\_

## Life Insurance

Member Choose One:  \$ 200,000 Coverage  \$ 50,000 Coverage  \$ 150,000 Coverage  \$ 25,000 Coverage  \$ 100,000 Coverage  I do not want Life Insurance Coverage

Have you smoked cigarettes or cigarillos in the last 12 months?  
 Yes, Smoker Rates Apply  No, Non-Smoker Rates Apply

Beneficiary Designation for Member Coverage

Surname \_\_\_\_\_ First Name \_\_\_\_\_ Initial \_\_\_\_\_ Relationship to Member \_\_\_\_\_

**For Residents of Quebec Only:** A spousal beneficiary is irrevocable unless you make the designation revocable by checking here  Revocable

If you have named a beneficiary under age 18, please indicate the name of the Trustee. Insurance cannot be paid to an under age beneficiary. All proceeds will be directed to the appointed legal guardian or trustee. To ensure underage beneficiaries are protected, please ensure that a legal guardian or trustee has been appointed through your Will.

Trustee: \_\_\_\_\_

Spouse Choose One:  \$ 200,000  \$ 50,000  \$ 150,000  \$ 25,000  \$ 100,000  I do not want Life Insurance Coverage

Has your spouse smoked cigarettes or cigarillos in the last 12 months?  
 Yes, Smoker Rates apply  No, Non-Smoker Rates apply

Note: the member is automatically the beneficiary for the spousal and children's life insurance

Children Choose One:  \$ 5,000 per child  \$10,000 per child  \$15,000 per child  \$20,000 per child  I do not want Life Insurance for Dependent Children

Please note: You must have selected either Life Insurance for yourself or your spouse to elect this coverage.

Note: the member is automatically the beneficiary for the spousal and children's life insurance

**Note: Amounts for Member and Spouse above \$100,000 require the completion of the enclosed Statement of Health form at all times.**

It is important that the applicants smoking status be reported correctly. Misrepresentation will invalidate any claim that is made. Should your smoking status change in the future, please contact Johnson Inc.

## Authorization

**PRIVACY STATEMENT:** Beginning January 1, 2004, the Personal Information Protection and Electronic Documents Act (PIPEDA) applied to personal information held by the insurance companies. In order to ensure the confidentiality of the personal information held concerning you, Johnson Inc. and/or RBC Life Insurance Company and/or ACE INA Insurance and/or Western Life Assurance Company of Canada will establish an insurance file in which the information concerning your application for insurance will be placed, as well as the information concerning any insurance claims. Only employees or authorized organizations who will be responsible for underwriting, administration, investigation and claims, or any other person you authorize, will have access to this file, and if applicable, to have it rectified by submitting a written request to the address below.

I understand that the insurance applied for shall become effective on the date specified by RBC Life Insurance Company, only if this application is accepted and the first premium is paid. I hereby certify that the foregoing answers and statements are true and complete to the best of my knowledge and belief. I hereby apply for coverage under the CPCO Benefits Program. For premiums collected by bank deduction, I authorize the monthly deduction and remittance of premiums from my bank / trust company / credit union account for my contribution toward the cost of these benefits. For premiums collected by payroll deduction, I authorize my employer to deduct the required premium from my pay. The initial deduction may cover up to 3 monthly premiums. If more than one signature is required on cheques issued from a joint account, all depositors must sign below. I consent to the disclosure of any information required to administer the program. In the event of an LTD claim, I authorize Johnson Inc. to notify CPCO of said claim. I hereby certify that I am a member in good standing of CPCO and that my eligibility under the CPCO Benefit Program ceases on termination of my CPCO membership.

**APPLICANT SIGNATURE** \_\_\_\_\_ **Date** \_\_\_\_\_

Signature of Joint Account Depositor \_\_\_\_\_ Date \_\_\_\_\_  
 (if required for Joint Chequing)

**Please attach a void cheque and return this application to the address below**

## Contact Information



Please contact the Program Administrator, Johnson Inc., if you have any questions on the CPCO Benefits Program and how to enroll.

1595 Sixteenth Avenue, Suite 700  
 Richmond Hill, Ontario  
 L4B 3S5

Phone 905.764.4959  
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 e-mail cpcoc@johnson.ca