

**GUARANTEED INSURABILITY
 OPTION APPLICATION**
COVERAGE C - INCOME PROTECTION INSURANCE

 A group insurance plan insured by
 Desjardins Financial Security and administered by:

IDENTIFICATION

Last name		First name		Certificate number		Date of birth YY MM DD	
Address - No., street		<input type="checkbox"/> Home <input type="checkbox"/> Office		Sex <input type="checkbox"/> M <input type="checkbox"/> F		Language of communication <input type="checkbox"/> English <input type="checkbox"/> French	
City, province		Postal code		Physician's number		Gross annual income	
Check one:		Date on which you became a member of the FMSQ or of the Collège des médecins du Québec		Telephone numbers		Office: ()	
<input type="checkbox"/> New Member		YY MM DD		Home: ()		E-mail address	
<input type="checkbox"/> Senior Resident		Date on which you completed your residency		Specialty			
		YY MM DD					

GUARANTEED INSURABILITY OPTION – Please see reverse for eligibility requirements

The Guaranteed Insurability option is subject to the limitation clauses, reductions and exclusions stipulated in the Coverage C – Income protection Insurance for contract B150.

 Check this box if you had the Guaranteed Insurability option through contract B172 at the end of your residency and would like to transfer it to contract B150. If you were not disabled at any point during your residency, you must choose one of the coverages offered below, for which the \$500 monthly benefit increase will apply. If you were disabled during your residency, please contact Sogemec Assurances inc.

Members can increase the monthly benefit by \$500 at each election period, subject to a maximum of \$5,000 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:

C - Income protection insurance

DEFINITION OF DISABILITY	MAXIMUM AGE FOR BENEFIT PAYMENT	ANNUAL INDEXATION OF BENEFITS	WAITING PERIOD	MAXIMUM SUM INSURED THAT CAN BE OBTAINED
<input type="checkbox"/> Own occupation	70 yrs <input type="checkbox"/> 65 yrs <input type="checkbox"/>	According to the Consumer Price Index	<input type="checkbox"/> 30 days <input type="checkbox"/> 90 days	\$ _____
<input type="checkbox"/> Integrated income	<input type="checkbox"/>	max. 3% <input type="checkbox"/> 5% <input type="checkbox"/>	<input type="checkbox"/> 45 days <input type="checkbox"/> 180 days	
<input type="checkbox"/> Rate for smokers <input type="checkbox"/> Rate for non-smokers				

Professional income after operating expenses: \$ _____

TOTAL ANNUAL ADDITIONAL PREMIUM

COVERAGE C - INCOME PROTECTION INSURANCE		Additional premium		
Maximum sum insured that can be obtained	Units of \$100 in the maximum sum insured	Rate	Tax	Total annual additional premium
<input type="text"/>	÷ \$ 100 = <input type="text"/>	X <input type="text"/>	+ <input type="text"/>	= <input type="text"/>

- 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 enrol again.
- The payment method used shall be the same as that selected upon enrolment for Coverage C.

DECLARATION

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

I certify that the above answer is true and I 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 (parts 1 and 2) 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. I acknowledge that I have read the information on the reverse side of this form and that I have received a copy thereof. A photocopy of this authorization is as valid as the original.

Signature of member _____

Date _____

Distribution: WHITE AND YELLOW - SOGEMEC ASSURANCES INC. PINK - MEMBER

GUARANTEED INSURABILITY OPTION ELIGIBILITY REQUIREMENTS

The eligibility requirements are as follows:

- a) The member must be under 45 years of age.
- b) The member must submit evidence of insurability deemed satisfactory by the insurer.
- c) 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.
- d) The member must not be disabled when the Guaranteed Insurability option application is submitted or when the option becomes effective.

GUARANTEED INSURABILITY OPTION TAKES EFFECT AND PAYMENT OF THE ADDITIONAL 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 profession, **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.

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 increase the sum insured on January 1 of each year.

THE RIGHT TO EXERCISE THE GUARANTEED INSURABILITY OPTION

On June 1 each year, members must inform the administrator if they want to take advantage of the annual \$500 increase to the monthly benefit:

- a) 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;
- b) 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.

END OF THE GUARANTEED INSURABILITY OPTION

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

- a) The date on which the contract is terminated.
- b) The due date for the additional premium if it is not paid by the end of the grace period.
- c) The June 1 following the member's 45th birthday, on which date the right to exercise the Guaranteed Insurability option ends.
- d) The date on which the member ceases to participate in the Income Protection Insurance.
- e) The date on which the member exercises the Guaranteed Insurability option for the tenth time.
- f) The date on which the total sum insured of the member's contract reaches the maximum permitted under the contract.

PERSONAL INFORMATION MANAGEMENT

Desjardins Financial Security (DFS) handles the personal information it has on you in a confidential manner. DFS keeps this information on file so that you may benefit from group insurance services offered by the Company. This information is consulted solely by DFS employees who need to do so in the course of their work. You have the right to consult your file. 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 the following address:

Privacy Officer
Desjardins Financial Security
200, rue des Commandeurs
Lévis QC G6V 6R2

DFS may use the client list to offer its 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 list. To do so, you must send a written request to the Privacy Officer at DFS.