

CONTACT INFORMATION

Mail: Co-operators Life Insurance Company
Group Benefits Administration
1900 Albert Street, Regina, SK S4P 4K8

Email: group_eligibility_administration@cooperators.ca

Phone: 1-800-667-8164 Fax: 1-866-889-9924

INSTRUCTIONS

To avoid delays, please complete all information.

You will receive written confirmation of your change request.

The completed form can be returned by email, fax, or the original can be mailed to the address provided.

1. PLAN MEMBER INFORMATION

To be completed by the Plan Member.

Group _____ Account _____ Certificate _____

Plan Member _____
First Name Initial Last Name

Spouse* _____
First Name Initial Last Name

Address _____
Street City Province Postal Code

Email _____

You acknowledge that data transmitted over the internet may be intercepted and that such transmission is at your own risk. If you no longer wish to communicate with Co-operators Life Insurance Company by email, please send notification to group_medical_uw@cooperators.ca.

Date of Birth _____ Sex: ☐ M ☐ F ☐ X
MMM/DD/YYYY

☐ No — I certify as a true fact that I have not used tobacco products** during the 12 month period immediately preceding the date written beside my signature below.

☐ Yes — I certify as a true fact that I have used tobacco products** during the 12 month period immediately preceding the date written beside my signature below.

* Spouse (only if status change is required for Dependent Optional Group Life coverage)

** Tobacco products include: any form of tobacco, nicotine products or nicotine substitutes.

2. PRIVACY**Co-operators Privacy Statement**

At Co-operators, we recognize and respect the importance of privacy. When you apply for insurance or open an account with us, we will ask for your consent to collect, use, keep and share your personal information. We will explain what information we need, what we will use it for and who we will share it with. We will open a confidential file to collect, use, keep and share your personal information for the purposes of confirming your identity, reviewing your insurance needs and determining suitability of our products and services for you, assessing your application for insurance, issuing and administering your policy, including assessing and processing claims, administering your investments, meeting our contractual and regulatory obligations, detecting and preventing fraud, and performing business and statistical analysis. We will not share your personal information for other purposes, except with your consent or as required or permitted by law.

We may tell you about products and services that may be of interest to you. You can tell us what information you want to receive from us and you can withdraw your consent at any time. You may access and correct, if needed, the personal information in your file by sending us a request in writing.

We limit access to your personal information to our staff and other people we have authorized who need to use it to perform their duties. This may include our third-party service providers who may use your personal information for processing, storage, analysis and disaster recovery purposes outside of your province of residence or Canada. They could be required by law to give your personal information to courts, governments or regulators outside of Canada. To protect your personal information, we ensure that privacy and security requirements are included in all third-party service provider contracts.

You can find more details about our privacy policy and how to contact our Privacy Officer at www.cooperators.ca/privacy.

3. PLAN MEMBER SIGNATURE

To be signed by the Plan Member and Spouse (if applicable).

I declare and certify that I am aware Co-operators Life Insurance Company is relying on the representations I make in this declaration to classify me as a Smoker/Non-Smoker and to set the premiums I pay for my life insurance. I am aware that,

in the event I have misrepresented my status as a Smoker/Non-Smoker, Co-operators Life Insurance Company may be entitled to void my life insurance policy(ies).

Plan Member Signature _____ Date _____
MMM/DD/YYYY

Spouse Signature (if applicable) _____ Date _____
MMM/DD/YYYY