

# Retiree Life Insurance Benefits



## Life Plan Options

## Options

Options	Benefit	Cost per year
Life Benefit Option 1	\$5000 Flat	\$45.36
Life Benefit Option 2	\$10,000 Flat	\$90.72

The cost per year is guaranteed January 1 – December 1, 2019. Annual premium payments will be withdrawn on the first day of January of each year, or the first of the month when benefits start, prorated for the remainder of the year.

Please make your selection carefully. You will be able to choose only once, and the amount cannot be changed after the policy is in force.

Termination age is 70 or at the request of the retiree. You must provide 30 days' notice if you would like to terminate. If terminated mid-month, premiums for partial payments will not be refunded.

Note: this is voluntary and separate from any life insurance conversion privileges you may currently have with another provider. Please contact your other provider to determine the options available to you.

Contact: Employee Benefits AMSC Insurance Services. Phone: 310-AUMA Email: [benefits@auma.ca](mailto:benefits@auma.ca)



## Plan Options form for New Retirees

Retiree Name (Print): \_\_\_\_\_

Municipality Name: \_\_\_\_\_

Benefit start date (1<sup>st</sup> of month): \_\_\_\_\_

Please indicate your plan choice:

- Option 1 - \$5000
- Option 2 - \$10,000

I agree to comply with the plan requirements and authorize AMSC Insurance Services Ltd., Sun Life Assurance Company of Canada and service providers to use and exchange information collected in the form to underwrite, administer and adjudicate claims.

All information in this form is true and complete. An original signed copy of this form is required to finalize my enrolment\*.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

\*Please note that we can process your application from a scanned copy, but we will not release the confirmation package until the original is received.

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# Bank Withdrawal Form

## Personal Information

Name of Account Holder: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

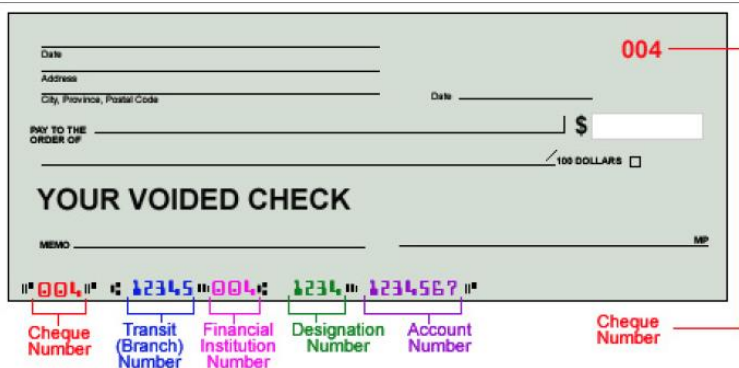
## Bank Information

Bank/Financial Institution: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Institution #: \_\_\_\_\_ Transit # \_\_\_\_\_ Account # \_\_\_\_\_



Please attach a copy of your void cheque

Contact: Employee Benefits AMSC Insurance Services. Phone: 310-AUMA Email: [benefits@auma.ca](mailto:benefits@auma.ca)



## **Terms and conditions:**

### Scheduled automatic withdrawals

I/We hereby authorize the named bank/financial institution to debit my/our account for all payment payable to AMSC Insurance Services Ltd., in payment of my/our benefit premiums plus service charges. The bank/financial institution's treatment of each payment will be the same as if I/we had personally issued a cheque authorizing them to pay as indicated and to debit the amount specified to my/our account. Annual premiums payments will be withdrawn on the first day of January each year, or the first of the month when benefits start, prorated for the remainder of the year.

- Payment amounts may vary
- Any delivery of this authorization to AMSC Insurance Services Ltd. constitutes delivery by me/us
- I/We will ensure that funds are available at time of withdrawal
- I/We will provide a minimum of 30 days' notice, prior to the next scheduled withdrawal date to AMSC Insurance Services Ltd. advising of any changes in banking information
- I/We understand that this authorization must be in effect for the term of the policy

Mid-term revisions to your policy that cause a premium change will be reflected in future withdrawals. A notice will be sent to you advising of the new amount. Your withdrawals will not be interrupted by the upcoming expiry of your policy: they will continue unless you advise us that the renewal will not be required. NSF fee of \$25.00 will be charged for each payment that is not successfully negotiated by your bank. If a payment is returned NSF, we will automatically attempt to collect the premium due (plus NSF fee) 7 days after we receive notification that payment was returned.

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I/We have read and agree to the Terms and Conditions and authorize direct withdrawal from my/our account. (For a joint account all depositors must sign if more than one signature is required on cheques against that account).

Name of Retiree (print): \_\_\_\_\_

Payor signature (1): \_\_\_\_\_

Payor signature (2): \_\_\_\_\_

Date: (yyyy/mm/dd): \_\_\_\_\_

Please mail all original documentation to:

Employee Benefits  
AMSC Insurance Services Ltd.  
300 – 8616 51 Avenue  
Edmonton, AB T6E 6E6

Email: [Benefits@AUMA.ca](mailto:Benefits@AUMA.ca)

- Your documentation includes:
- ✓ Plan Options Form
  - ✓ Enrolment Form
  - ✓ Bank Withdrawal Form
  - ✓ Void cheque

Contact: Employee Benefits AMSC Insurance Services. Phone: 310-AUMA Email: [benefits@auma.ca](mailto:benefits@auma.ca)



## Information to be completed by Retiree

- Enrolment Form (complete all sections)
- Change Form (only complete the information that is changing & include effective date)
- Beneficiary Nomination

Contract # <b>05890</b>	Contract Holder Name <b>Alberta Urban Municipalities Association</b>
Effective Date of coverage/Change (yyyy/mm/dd):	Plan Member ID (assigned by AMSC)
Location/Billing Group # <b>9999</b>	Occupation: <b>Retiree</b>

## Retiree Details

Plan member's name (first middle last)	Gender
Address:	Plan Member ID (assigned by AMSC)
City:	Province & Postal Code:
Date of Birth (yyyy/mm/dd):	Province of Residence:

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## Beneficiary Nomination

By completing this section, I revoke all previously nominated beneficiary nominations and make the following nomination where permitted by law.

Name (1 <sup>st</sup> , last)	Relationship to plan member	Percentage
Name (1 <sup>st</sup> , last)	Relationship to plan member	Percentage
Name (1 <sup>st</sup> , last)	Relationship to plan member	Percentage

Where Quebec law applies, a spouse beneficiary is irrevocable unless you make the designation revocable by checking here:  Revocable

**IMPORTANT:**

1. Be sure to show the beneficiary's first and last name as well as their relationship to you.
2. You must initial any changes or deletions. Correction fluid cannot be used.
3. A revocable nomination cannot be changed at any time without the beneficiary's consent. You cannot change an irrevocable nomination unless certain requirements are met.
4. If you are nominating a beneficiary who is a minor, please see section "Trustee for a minor beneficiary."

## Appointing contingent beneficiaries

If there are no surviving beneficiaries at the time of my death, I declare that the following Contingent Beneficiaries shall receive the proceeds. If there are no surviving Contingent Beneficiaries at the time of my death, the proceeds shall be paid to my estate.

Unless I specify otherwise, my contingent beneficiary will apply to all my benefits.

I revoke all previous contingent beneficiary appointments.

Name (1 <sup>st</sup> , last)	Relationship to plan member	Percentage
Name (1 <sup>st</sup> , last)	Relationship to plan member	Percentage
Name (1 <sup>st</sup> , last)	Relationship to plan member	Percentage

Where Quebec law applies, a spouse beneficiary is irrevocable unless you make the designation revocable by checking here:  Revocable

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## Trustee nomination for minor beneficiary

If you wish to designate minor children as beneficiaries, a Trustee/Administrator must be designated. In Quebec “Trustee” shall be understood as “Administrator” and the obligations of the Administrator shall be interpreted in accordance with the Quebec Civil Code.

Any payments becoming due while the beneficiary(s) are a minor \* are to be made to \_\_\_\_\_ as trustee or failing such trustee to the duly appointed guardian of such minor child as trustee. Payment to the trustee will discharge the company

\* A minor child who has not reached the age of majority as defined by provincial legislation.

## Authorization and Signature

**IMPORTANT:** *you must sign and date this form*

By enrolling in this Plan, I authorize the following:

- Sun Life Assurance Company of Canada, its agents and service providers to use and exchange information collected in this form to underwrite, administer and adjudicate claims.
- My plan sponsor, and its agents to use the information collected in this form for benefits

I declare that the information above is accurate and true.

A photocopy or electronic version of this authorization is as valid as the original.

Retiree Signature:  X	Date: (yyyy/mm/dd)
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