



**SPONSERED FOR YOU BY THE  
Canadian Taxpayers Federation**



**INTRODUCTION:** Canadian Taxpayers Federation and Choice\$ are pleased to announce the introduction of the Group Critical Illness, Telephonic Employee Assistance Program (EAP), Second Medical Opinion Consultation, Eldercare and Caregiving Case Management and Support Insurance Plan for supporters of the Canadian Taxpayers Federation. To learn more about the important work by the CTF refer to their website at [www.taxpayer.com](http://www.taxpayer.com) The plan is arranged through Unistar Special Risks Inc., marketed by Best Benefits Inc., and administered by Canadian Benefit Administrators Ltd., all of whom are experienced in the members' group market.

**GROUP BENEFITS PROVIDED:** Benefits provided by the sponsorship of the Canadian Taxpayers Federation program include the following coverage(s) and insurers:

- Benefits:**
- Group Optional Life (The Wawanesa Life Insurance Company)
  - Group Accidental Death & Dismemberment (The Wawanesa Life Insurance Company)
  - Group Critical Illness (The Wawanesa Life Insurance Company)

**Monthly Costs:** Age banded as indicated on the following application

**ELIGIBILITY:** If you elect to participate, you must be under age 70, actively employed working a minimum 20 hours per week and either currently be or sign up (at no cost) to be a supporter of the Canadian Taxpayers Federation. The act of purchasing the product will automatically enrol you in CTF until such time as you wish to unsubscribe.

**GROUP BENEFIT PLAN SUMMARY:** The following summary outlines the benefits provided by this plan. Additional benefits provisions are outlined in complete detail in the benefit booklet that you receive upon enrollment in the plan.

BENEFIT	COVERAGE SUMMARY
Group Optional Life Insurance	<ul style="list-style-type: none"> <li>Flat amount of \$50,000 of Group Optional Life Insurance</li> <li>Waiver of Premium included if you are totally disabled following the 180-day qualifying period</li> <li>Benefit terminates at age 70</li> <li>No medical questions will be asked</li> </ul>
Group Accidental Death & Dismemberment Insurance (AD&D)	<ul style="list-style-type: none"> <li>Flat amount of \$50,000 of Group Accidental Death &amp; Dismemberment Insurance</li> <li>Waiver of Premium included if you are totally disabled following the 180-day qualifying period</li> <li>Benefit terminates at age 70</li> <li>No medical questions will be asked</li> </ul>
Group Critical Illness Insurance	<ul style="list-style-type: none"> <li>Flat amount of \$15,000 of Group Critical Illness Insurance</li> <li>Included 25 diseases such as Cancer, Stroke, Heart Attack, MS, Major Organ Transplant, etc.</li> <li>Waiver of Premium included if you are totally disabled following the 180-day qualifying period</li> <li>Benefit terminates at age 70</li> <li>No medical questions will be asked</li> </ul>

**MONTHLY COST:** These costs are guaranteed until December 31, 2021 at which time the plan will renew. Rates will not change unless the pooled rates of the insurer change at a future date, plan experience dictates a change, or an individual has a change in age band or non-smoker and smoker status.

**PLAN ENROLMENT:** To enroll in this plan, you are required to complete the attached "Application For Group Coverage" form which will be submitted on your behalf to Canadian Benefit Administrators Ltd. once you have signed and confirmed your e-signature. We will also require a Pre-Authorized Withdrawal Form for the account from which you want deductions to be withdrawn. Your monthly premium will be deducted on the 5<sup>th</sup> of each month.

The following EXCLUSION(S) may apply to the Group Life and/or Critical Illness insurance product:

**GROUP OPTIONAL LIFE INSURANCE PRE-EXISTING EXCLUSION:** No Life Insurance benefit shall be payable if, twenty-four (24) months immediately prior to the Effective Date of the Individual Insurance, the Insured Member was attended to or received medical treatment, consultation, care or services by a Physician, including diagnostic measure for any symptom or medical problem which leads to the Insured Member's death unless the death of the Insured Member occurs later than twenty-four (24) consecutive months from the Effective Date of Individual Insurance under this policy. The Insurer will refund the premiums collected for this Insured Member for the life insurance coverage in lieu of paying the life insurance benefit.

**GROUP CRITICAL ILLNESS PRE-EXISTING EXCLUSION:** No Critical Illness benefit shall be payable if 24 months immediately prior to the Effective Date Individual Insurance an Insured Person was attended to or received medical treatment, consultation, care or services by a Physician, including diagnostic measure for any symptom or medical problem which leads to a Diagnosis of or treatment for a Critical Illness condition unless the Diagnosis of the Critical Illness condition occurs later than 24 consecutive months from the Effective Date of Individual Insurance or date of most recent Reinstatement of coverage under this policy.

**SUICIDE:** No Life Insurance benefit shall be payable if an Insured Member commits suicide, whether sane or insane, and has been insured for less than twenty-four (24) months by the life insurance protection under this policy. The Insurer will refund the premiums collected for this Insured Member for the life insurance coverage in lieu of paying the life insurance benefit.

**QUESTIONS:**  
Best Benefits Inc.  
[info@bestbenefits.ca](mailto:info@bestbenefits.ca)  
Toll Free Phone: 1.877.900.0250  
Direct Phone: 403.297.0250



"ChoiceS"

SPONSERED FOR YOU BY THE  
Canadian Taxpayers Federation



APPLICATION FOR GROUP COVERAGE

1. Member Information (PLEASE PRINT)

First Name(s)		Last Name	
Association Name	Canadian Taxpayers Federation		
Your Address (Including Apartment/Unit Number)			
City/Town	Province/Territory	Postal Code	Phone No. ( ) -
Email Address			
Date of Birth (MM/DD/YYYY) ____/____/____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Annual Earnings \$ _____	Hours Worked per Week (min of 20 hours per week) _____

2. Current Age & Premium For Compulsory Benefits (No medical questions will be asked)

Age Band	<input type="checkbox"/> Under 40	<input type="checkbox"/> Age 40 – 49	<input type="checkbox"/> Age 50 – 59	<input type="checkbox"/> Age 60 - 69
Monthly Group Optional Life, AD&D and Group Critical Illness Premium	<input type="checkbox"/> Non-Smoker \$14.43 <input type="checkbox"/> Smoker \$19.96	<input type="checkbox"/> Non-Smoker \$25.29 <input type="checkbox"/> Smoker \$45.07	<input type="checkbox"/> Non-Smoker \$61.93 <input type="checkbox"/> Smoker \$123.36	<input type="checkbox"/> Non-Smoker \$174.79 <input type="checkbox"/> Smoker \$349.79
You are considered a smoker for price purposes if you used any form of tobacco such as; cigarettes, cigars, cigarillos, pipes, chewing tobacco, e-cigarettes, vaporizers or any smoking cessation products (such as Nicorette gum or nicotine patch) in the last 12 months or used any marijuana or hashish on a frequent basis in the last 12 months. Use on a frequent basis of marijuana or hashish means use on a daily basis.				
Effective Date of Coverage will commence on the date in which the <u>e-signature has been confirmed by the applicant</u> and the "Application For Group Coverage" is received by Canadian Benefit Administrators.				

3. Beneficiary Designation: Your beneficiary has been designated as your Estate currently. Should you wish to change your beneficiary designation from your Estate a Beneficiary Form and instructions will be forwarded along with your Policy.

Beneficiary's Name(s)	% Allocated	Relationship to Member
Estate	100%	Estate

4. Consent and Signature

I hereby apply for coverage under the Canadian Taxpayers Federation Group Optional Life, AD&D and Group Critical Illness Insurance Plan. I further authorize the deduction and remittance of premiums from my bank account by Canadian Benefit Administrators Ltd., as I have indicated above, for my contribution toward the cost of these benefits. I further consent to disclosure, collection, and use of any information required to administer the plan and receive issues and updates from the Canadian Taxpayers Federation via email. I understand that there is no cost for these emails and that I may unsubscribe at any time.

X \_\_\_\_\_

Signature of Applicant

X \_\_\_\_\_

Date (MM/DD/YYYY)

X \_\_\_\_\_

Print Name

X \_\_\_\_\_

Email Address



PRE-AUTHORIZED WITHDRAWAL FORM

(Member Name Here)

For Canadian Benefit Administrators Ltd. office use only. Please do not complete this section.



Client #:

Location #:

Authorization Agreement

I hereby authorize Canadian Benefit Administrators Ltd. to make automatic withdrawals for my insurance premiums, from my account at the financial institution named below.

I understand that premiums will be withdrawn on the fifteen of each month. Your monthly billing statement will indicate how much money will be withdrawn and is always sent in advance.

Further, I understand that Canadian Benefit Administrators Ltd. will terminate my pre-authorized payment plan if any withdrawal is reversed by my financial institution.

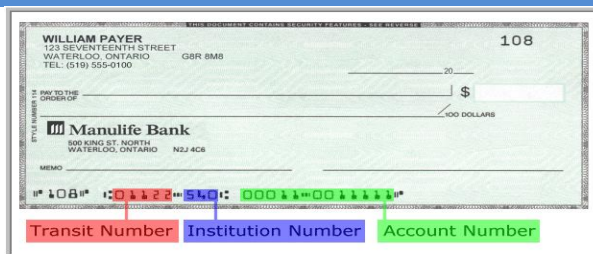
This form authorizes Canadian Benefit Administrators Ltd. to charge a fee for any pre-authorized payments not honored by my financial institution.

This agreement will remain in effect unless I send Canadian Benefit Administrators Ltd. a written notice of cancellation or until I submit a revised pre-authorized withdrawal form. This notification must be received ten (10) business days before the next withdrawal is scheduled.

I have certain recourse rights if any debit does not comply with this agreement. For example, I have the right to receive reimbursement for any withdrawal that is not authorized or consistent with the Agreement. To obtain a form for a Reimbursement Claim or for more information on my recourse rights, I can contact my financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).

Please contact Benefits By Choice Inc. should you require assistance completing this form at: 1.877.900.0250 or 403.297.0255

Account Information



Branch Transit Number			Institution			Account Number					
Name of Financial Institution						Branch					
Branch Address						City, Province			Postal Code		
Account type: <input type="checkbox"/> Chequing <input type="checkbox"/> Savings <input type="checkbox"/> Other											

Signature

X  
Signature of Applicant

X  
Date (MM/DD/YYYY)

X  
Print Name