Application for CADA 360 Retired Employee Plan Coverage

For Canada Life Head Office Use Only
Canada Life Certificate Number

Please complete this form by printing clearly in INK and return the ORIGINAL to Canada Life. You may wish to keep a copy for your records.

1. General enrollment information

Name of dealership retiring from | **Existing group plan #** | **Current ID #**

Last name | **First name** | **Middle initial** | **Date of birth** (mm/dd/yy) | **Gender** ☐ Male ☐ Female ☐ Undisclosed ☐ Other

Mailing address **Street** | **City** | **Province** | **Postal code**

Telephone number | **Other/cell number** | **Email address**

Date of retirement (mm/dd/yy)

Please indicate the date your dealership became a member of the CADA 360 - Employee Benefits Plan (mm/dd/yy)

Have you been employed at the dealership for five years? ☐ Yes ☐ No
Were you actively at work immediately prior to retirement? ☐ Yes ☐ No

If no, explain: _____

2. Plan coverage

	Elective coverage choices			
Optional Life (includes Accidental Death and Dismemberment (AD&D) in the same amount) Coverage not available for spouses and dependants	☐ $10,000	☐ $25,000	☐ No coverage	
Health and Dental	☐ Option 1	☐ Option 2	☐ Option 3	☐ Option 4
Type of Coverage	☐ Single	☐ Family		

3. Dependant information

Spouse Information

Last name | **First name** | **Date of birth** mm/dd/yy | **Gender** ☐ Male ☐ Female ☐ Undisclosed ☐ Other

Indicate your spouse's coverage with their employer:

	HEALTHCARE				DENTALCARE			
	Single	Family	Waived	None	Single	Family	Waived	None
	☐	☐	☐	☐	☐	☐	☐	☐

Dependant Information

Last name	First name	Date of birth mm/dd/yy	Gender	Full time student	Disabled dependant
			☐ Male ☐ Undisclosed ☐ Female ☐ Other	☐	☐
			☐ Male ☐ Undisclosed ☐ Female ☐ Other	☐	☐
			☐ Male ☐ Undisclosed ☐ Female ☐ Other	☐	☐
			☐ Male ☐ Undisclosed ☐ Female ☐ Other	☐	☐

M6573(CADA-RE)-4/25

4. Beneficiary designation

This section must be completed to designate a beneficiary for your life benefits, if applicable. **An original or copy of this form will be required for a life claim. Please note that crossed out beneficiary designations must be initialed.**

I hereby revoke all previous beneficiary designations and designate the following as beneficiary(ies).

Primary Beneficiary

Last name	First name	Middle initial	Percent allocated	Relationship to retiree

To be divided as follows: ☐ As per the percentage indicated above, or
☐ In equal shares to the survivor(s)

You may change this beneficiary designation at any time upon notice to Canada Life. If you wish to make the beneficiary designation irrevocable (meaning you may not change the designation or make certain changes to your coverage under the plan without the written consent of the beneficiary) please complete form M6348.

Note: Where Quebec law applies and you have designated your married spouse or civil union spouse as beneficiary, the designation will be irrevocable unless you check the square marked "Revocable", below.

I hereby make the above beneficiary designation:

☐ **Revocable**, I may change this beneficiary designation at any time

For Quebec Applicants Only - Benefits payable under this plan to a beneficiary who, at the time payment is to be made, is a minor or lacks legal capacity, will be paid to their tutor(s) or curator(s), unless a valid trust has been established for the benefit of the beneficiary, by Will or by separate contract, to receive any such payment and Canada Life has been provided notice of the trust. If a valid trust has already been established, designate the trust as the beneficiary in this section. **Before designating a trust, you should seek legal advice.**

For All Other Applicants - If designating a beneficiary who is a minor or who lacks legal capacity you may wish to appoint a trustee/administrator by completing form M6242 . This appointment may not be suitable for all purposes. **Before designating a trustee, you should seek legal advice.**

5. Direct deposit authorization - health and dental claim reimbursement

Please deposit my claims payments to the following account:

Name of financial institution	Bank number	Branch number	Account number

Address of financial institution - number, street, city, province, postal code

Name(s) in which account is held

I authorize:

- Canada Life to deposit reimbursement for claims directly to the above account;
- Canada Life and my financial institution to exchange personal information, when necessary to administer the plan.

I certify that the information given is true, correct and complete to the best of my knowledge.

Signature of account holder(s): _____ **Date:** _____

6. Privacy – This section explains Canada Life's commitment to privacy

Protecting your personal information. At Canada Life, we're committed to protecting personal information and respecting your privacy. Personal information is information that either on its own or combined with other information allows an individual to be identified. This includes your name and address, as well as more sensitive information such as your health and financial records. When applicable, this includes information about other people such as your spouse, common-law partner, and children.

How we use your personal information. Your personal information is used to provide you with products and services and to improve our business operations. This includes verifying your identity, maintaining your profile, and informing you about features of the products you already have with us. It's also used to provide you with advice, evaluate your eligibility for products, price our products, collect feedback on our customer service, process claims and other financial transactions, protect you and us from risks such as cyber threats and fraud, and comply with legal obligations. If you provided your social insurance number (SIN), we'll use it for tax reporting. Your SIN is also used to link your products together and to keep your information separate from other customers with similar names.

Who we share personal information with. We share your personal information with other people and organizations who help us administer your products and provide you with services. This may include your advisor or people who work with your advisor, our Canadian subsidiaries, and other organizations that provide us services such as paramedical examiners, medical laboratories, MIB, LLC., specialty coverage providers, independent medical examiners, and pharmacy benefits managers. As well, we may share your information with claims assessors, travel assistance providers, technology suppliers, other insurance or reinsurance companies, other financial institutions, and credit reporting agencies. As part of our day-to-day business, your personal information may be communicated to government departments and agencies, and may be communicated outside your province of residence or outside Canada. We take protecting your personal information seriously and we'll never sell your personal information to anyone.

You're in control of your personal information. We respect your privacy preferences and follow them when using your personal information. At any point in your relationship with us, you can choose how your personal information is used by updating your privacy preferences through your online account or by submitting a request through our privacy centre at canadalife.com/privacy. This includes choosing whether you receive customer experience surveys, the use of your SIN for non-tax reporting purposes, and whether and how you want to receive information and offers from Canada Life using the personal information we collect from you throughout your relationship with us. You can also exercise other privacy rights through our privacy centre such as access to or correction of your personal information.

If you choose to remove your consent to the collection, use and disclosure of the personal information required to serve you and meet our legal obligations, we may not be able to continue to provide you with products and services.

Want to learn more? Please visit canadalife.com/privacy.

7. Authorizations and Declarations - This section must be signed and dated in INK by the plan participant.

I hereby apply for coverage under the CADA 360 Retired Employee Plan issued by Canada Life.

I understand that my personal information will be collected, used and shared as set out above.

I authorize:

- my policyholder, plan administrator Canada Life, as well as any healthcare provider, other insurance or reinsurance companies, administrators of government benefits or other benefits programs, other organizations, or service providers working with Canada Life to exchange personal information, when necessary to determine my eligibility for coverage and to administer the plan

If applying for coverage for my spouse and/or dependants, I confirm that I am authorized to act on their behalf.

I agree that a photocopy or electronic copy of the Authorizations and Declarations section is as valid as the original.

I certify that the information given is true, correct and complete to the best of my knowledge.

For Quebec applicants: I request that this form be in English.
Je demande que ce formulaire me soit remis en anglais.

Signature: _____ **Date:** _____

Return original to:

The Canada Life Assurance Company
Benefits Administration Solutions
60 Osborne St N.
Winnipeg MB R3C 1V3
1.866.656.5118
bas@canadalife.com

8. Personal Pre-Authorized Debit ("PAD") Agreement

Fill in the Personal Pre-Authorized Debit Agreement (PAD) completely. Your financial Institution account number may be any chequing account number (maximum 12 characters). Financial Institution and branch information may be obtained from your financial institution.

Please attach a sample cheque marked "VOID". Please note that premiums will be withdrawn on a monthly basis.

Plan participant: _____ Plan number(s): _____

Account Information

Name and Address of Financial Institution: _____

Transit Number: _____ Financial Institution Code: _____ Account Number: _____

Important Note: Please provide this PAD agreement and an unsigned blank cheque marked "VOID" to Canada Life's Benefits Administration Solutions. The completed PAD agreement must be received by Benefits Administration Solutions at least 14 days prior to the first withdrawal day.

Terms and Conditions of this Personal PAD Agreement	
• **Authorization**	**Note:** References in this form to "this PAD agreement" include later amendments to it. I, the account holder, authorize The Canada Life Assurance Company (Canada Life) and my financial institution named above to withdraw monthly, on the 3rd day of each month or the next business day, from my account any payments that I have agreed to make under the plan(s) listed above (the "Plan(s)"), and/or as otherwise specified to be made in this PAD agreement as though I had personally signed a cheque. I understand that changes to the Plan(s), including as applicable, to amounts or to the method or required amount of payment (including changes requested to this PAD agreement) or termination and recommencement of automatic payments under this PAD agreement may increase or decrease the monthly amount withdrawn or to be withdrawn from my account. **Accordingly, I authorize such increases or decreases, waiving any pre-notification requirement with respect to them.** I consent to Canada Life's collection, use, retention and exchange of personal information concerning me, in my capacity as account holder and only as required for purposes relating to this PAD agreement. I agree that a photocopy or electronic copy of this PAD agreement will be as valid as the original.
• **Signatures**	I certify that all persons whose signatures are required to authorize this PAD agreement have signed below, including any required joint account holder.
• **Account changes**	I will notify Canada Life if my financial institution, branch or account number changes. To continue withdrawals without interruption, notice of any change is required 14 days before the next withdrawal date. Canada Life may, but is not obligated to, rely on verbal instructions from me to amend this authorization.
• **Confirming withdrawals**	I agree to regularly review my account information and if I question or disagree with the amount withdrawn or any account changes, I will notify Canada Life in writing within 90 days of the withdrawal or account changes; otherwise, I agree that the withdrawal or account changes will be considered to have been properly made. Canada Life's contact information for questions related to these withdrawals is: Benefits Administration Solutions, 60 Osborne St N., Winnipeg MB R3C 1V3, Telephone 1.866.656.5118.
• **Non-sufficient funds (NSF) information**	If there is not enough money in my account to cover the total monthly amount due ("due" as an amount owing, or as an amount otherwise specified to be withdrawn under this PAD agreement), I authorize Canada Life to immediately make a second attempt to withdraw the amount due. If the second attempt is also returned NSF (or if Canada Life decides, in its sole discretion, not to make the second attempt), I understand that pre-authorized payments may be suspended, and possibly cancelled by Canada Life. I understand that I am responsible for any NSF charge(s).
• **Assignment**	**I hereby waive any requirement of prior written notice to me by Canada Life of the assignment by Canada Life of this PAD agreement.**
• **Cancellation**	This PAD agreement may be cancelled if any withdrawal is not permitted or is reversed by the financial institution, or upon 30 days written notice given by me to Canada Life or by Canada Life to me. To obtain a sample cancellation form, or for more information on your right to cancel this PAD agreement, contact your financial institution or visit www.payments.ca. To obtain more information on your PAD agreement, contact Canada Life Benefits Administration Solutions, 1.866.656.5118. I agree that if pre-authorized payments are suspended, the method of payment may automatically be changed by Canada Life, in its sole discretion, to whatever it then offers on a non pre-authorized debit basis. Canada Life, in its sole discretion, may require a new written PAD agreement if this PAD agreement is cancelled for any reason.
• **Recourse**	You have certain recourse rights if any debit does not comply with this PAD agreement. For example, you have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD agreement. To obtain information on your recourse rights, contact your financial institution or visit www.payments.ca.

Signed at: _____ on _____
City Province Month Day Year

Name of **account holder**

X _____

Name of **other joint account holder(s)**

X _____

Signature of account holder

X _____

Signature of other joint account holder(s), if required for account

X _____

Clear

Plan Participant Copy
Please detach this page and keep a copy for your records.

Personal Pre-Authorized Debit ("PAD") Agreement

Terms and Conditions of this Personal PAD Agreement	
• **Authorization**	**Note:** References in this form to "this PAD agreement" include later amendments to it. I, the account holder, authorize The Canada Life Assurance Company (Canada Life) and my financial institution named above to withdraw monthly, on the 3rd day of each month or the next business day, from my account any payments that I have agreed to make under the plan(s) listed above (the "Plan(s)"), and/or as otherwise specified to be made in this PAD agreement as though I had personally signed a cheque. I understand that changes to the Plan(s), including as applicable, to amounts or to the method or required amount of payment (including changes requested to this PAD agreement) or termination and recommencement of automatic payments under this PAD agreement may increase or decrease the monthly amount withdrawn or to be withdrawn from my account. **Accordingly, I authorize such increases or decreases, waiving any pre-notification requirement with respect to them.** I consent to Canada Life's collection, use, retention and exchange of personal information concerning me, in my capacity as account holder and only as required for purposes relating to this PAD agreement. I agree that a photocopy or electronic copy of this PAD agreement will be as valid as the original.
• **Signatures**	I certify that all persons whose signatures are required to authorize this PAD agreement have signed below, including any required joint account holder.
• **Account changes**	I will notify Canada Life if my financial institution, branch or account number changes. To continue withdrawals without interruption, notice of any change is required 14 days before the next withdrawal date. Canada Life may, but is not obligated to, rely on verbal instructions from me to amend this authorization.
• **Confirming withdrawals**	I agree to regularly review my account information and if I question or disagree with the amount withdrawn or any account changes, I will notify Canada Life in writing within 90 days of the withdrawal or account changes; otherwise, I agree that the withdrawal or account changes will be considered to have been properly made. Canada Life's contact information for questions related to these withdrawals is: Benefits Administration Solutions, 60 Osborne St N., Winnipeg MB R3C 1V3, Telephone 1.866.656.5118.
• **Non-sufficient funds (NSF) information**	If there is not enough money in my account to cover the total monthly amount due ("due" as an amount owing, or as an amount otherwise specified to be withdrawn under this PAD agreement), I authorize Canada Life to immediately make a second attempt to withdraw the amount due. If the second attempt is also returned NSF (or if Canada Life decides, in its sole discretion, not to make the second attempt), I understand that pre-authorized payments may be suspended, and possibly cancelled by Canada Life. I understand that I am responsible for any NSF charge(s).
• **Assignment**	**I hereby waive any requirement of prior written notice to me by Canada Life of the assignment by Canada Life of this PAD agreement.**
• **Cancellation**	This PAD agreement may be cancelled if any withdrawal is not permitted or is reversed by the financial institution, or upon 30 days written notice given by me to Canada Life or by Canada Life to me. To obtain a sample cancellation form, or for more information on your right to cancel this PAD agreement, contact your financial institution or visit www.payments.ca. To obtain more information on your PAD agreement, contact Canada Life Benefits Administration Solutions, 1.866.656.5118. I agree that if pre-authorized payments are suspended, the method of payment may automatically be changed by Canada Life, in its sole discretion, to whatever it then offers on a non pre-authorized debit basis. Canada Life, in its sole discretion, may require a new written PAD agreement if this PAD agreement is cancelled for any reason.
• **Recourse**	You have certain recourse rights if any debit does not comply with this PAD agreement. For example, you have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD agreement. To obtain information on your recourse rights, contact your financial institution or visit www.payments.ca.