

GROUP LIFE INSURANCE ADVANCE PAYMENT REQUEST FORM

Instructions:

- ▶ Complete this form when a terminally ill employee wishes to request an advance payment of a portion of their basic group life insurance benefit.
- ▶ Please answer all questions fully to avoid delays in processing this form. Indicate whether information does not apply, is unavailable or is unknown.
- ▶ If more space is required to answer any question, continue the answer on a separate sheet and attach it to this form.
- ▶ Submit this form to: Government of Alberta
4th floor, Peace Hills Trust Tower
10011 - 109 Street NW
Edmonton, AB T5J 3S8

Section 1					EMPLOYER INFORMATION					
To be completed by employer - please print										
Name of Employer										
Complete mailing address - Street			City		Province		Postal Code		Phone Number	
Email address								Fax Number		
Employer signature								Date		

Section 2				EMPLOYEE INFORMATION					
To be completed by employer - please print									
Employee's Name						Date of Birth (YYYY/MM/DD)			
Group Policy Number				Employee Number		Division Number			
Employee's Address - Street			City		Province		Postal Code		Employee's Phone Number
Email address					Amount of employee's basic life insurance benefit				
					\$				
Date of employment		Date last worked		Earnings as at last day worked		Reason for leaving			
				\$					

Section 3		BENEFICIARY INFORMATION	
To be completed by employer - please print			
Name (please enclose copies of <u>all</u> Application for Group Coverage and/or Group Coverage Change forms or beneficiary cards which contain beneficiary information).			
Does the record indicate any beneficiary(ies) designated as irrevocable? <input type="checkbox"/> Yes <input type="checkbox"/> No			

EMPLOYEE'S REQUEST AND RELEASE

To be completed by employee - please print

NOTE: An employee is eligible to request an advance payment of up to 50% of the employee's total basic group life insurance benefit or \$50,000, whichever is less.

To be eligible for an advance payment, you must be suffering from a terminal illness and have a life expectancy of 24 months or less.

I certify that I am employed by _____, and have basic life insurance coverage under Group Policy No. _____ (the "Policy") issued to _____ (the "Policyholder") by The Canada Life Assurance Company; and

WHEREAS I am presently disabled and have been diagnosed as terminally ill; and

WHEREAS pursuant to the terms of the Policy, a basic life insurance benefit of \$ _____ is payable on my death; and

WHEREAS I hereby request that an immediate advance payment of my basic life insurance benefit be made to me in the amount of the lesser of 50% of my basic life insurance benefit and \$50,000, or \$ _____ flat amount (to a maximum of \$50,000) which would otherwise be payable to my beneficiary(ies) or, in the absence of any beneficiary(ies), to my estate (the "Advance Payment"); and

WHEREAS I understand that the Advance Payment is not owing under the Policy and would be advanced by Canada Life on the basis of compassionate grounds; and

WHEREAS I have agreed that interest at the current rate per annum would be payable and would accrue with respect to the Advance Payment, from the date of the said Advance Payment to the date of my death, and that such interest would be simple interest and not compounded; and

WHEREAS I understand and agree that, if an Advance Payment is made, Canada Life shall, at my death and subject to the condition that my basic group life insurance coverage under the Policy is in effect at the date of my death, pay to my beneficiary(ies), or in the absence of any beneficiary(ies), to my estate, an amount equal to the basic life insurance benefit payable under the Policy at my death less the Advance Payment and accrued interest; and

WHEREAS I understand and agree that should my basic life insurance coverage under the Policy terminate prior to the date of my death and after receiving the Advance Payment, Canada Life may require me to pay back the Advance Payment together with interest accrued to the date of repayment.

WHEREAS I understand and agree that I will be solely responsible for any income tax liability which may occur as a result of the Advance Payment; and

NOW THEREFORE in consideration of Canada Life providing me with the Advance Payment, and for other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, I, _____, do hereby remise, release, acquit and forever discharge The Canada Life Assurance Company and the Policyholder from any and all claims, debts, demands, actions or causes of actions which I, my heirs, administrators, executors, assigns or beneficiaries ever had, have or may have with respect to or in connection with the Advance Payment, and the interest accrued on the Advance Payment, which would otherwise be payable at my death under the Policy.

The preamble of this Request and Release is an integral part of this Request and Release and is not a mere recital.

I, _____ represent, warrant and certify that in executing this Request and Release, I do so with full knowledge of any and all rights which I may have under or in connection with the Policy.

IN WITNESS WHEREOF, I, _____, have hereunto set my hand and seal

this _____ day of _____, 20 _____.

SIGNED, SEALED AND DELIVERED

In the Presence of:

WITNESS NAME (please print)

INSURED NAME (please print)

WITNESS SIGNATURE

INSURED SIGNATURE

PROTECTING YOUR PERSONAL INFORMATION

We take your privacy seriously. We keep all your personal information in a confidential file in our offices, or the offices of an organization we've authorized. The only person with access to the information are: people working at Canada Life and those we've authorized, who need the information to do their jobs and manage your claim, those whom you've given access, those authorized by law both within Canada and in any other jurisdiction where your personal information is held. For a copy of our Privacy Guideline see: canadalife.com or you can write to Canada Life's Chief Compliance Officer.

EMPLOYEE'S STATEMENT

To be completed by employee

To be eligible for an advance payment of your basic group life insurance, you must be suffering from a terminal illness and have a life expectancy of 24 months or less. After you have signed this statement below, your physician should complete the ***Attending Physician's Statement*** on the next page.

I expressly consent, authorize and direct any physician, surgeon or any other person who has examined me, and every hospital or other institution where I have received treatment to exchange with The Canada Life Assurance Company or its duly authorized representatives any knowledge or information required for the purposes of assessing my request for an advance payment of my basic group life insurance. A photocopy of this authorization shall be as valid as the original.

Date _____ Signature _____