



05/26/2021 2:39 PM E.T.

EFnamemSaELname'aS

Employee Address Line 1 Employee Address Line 2

Mississauga, ON, X9X9X9

Testing for Default Canada life and Benefit 11. You have selected to increase your Life Insurance top up plan from Plan 1. In order for your application to be considered for approval by Canada Life, you must complete and submit a proof of insurability questionnaire. Please follow the instructions to begin the approval process.

Instructions

- Print and complete the proof of insurability questionnaire
- Forward the completed and signed form along with the second page of this document to Canada Life by:

Mail:

Private and Confidential

Canada Life

Group Medical Underwriting, PO Box 6000

Winnipeg, MB

R3C 3A5

Please note that :

- your application must be made within 31 days of your benefit selection.
- the following Member Information sheet must be included with your proof of insurability questionnaire. If you do not attach page 2 of this document with your proof of insurability questionnaire, your application may be delayed or rejected.
- the additional coverage you requested will take effect after Canada Life has approved your request, and only if you are actively at work.
- Canada Life will notify you directly of their decision. They will also notify the Benefits team who will adjust your payroll deductions if your application is approved.
- To protect your privacy - when emailing documents to Canada Life, please send from your work email address as it will be encrypted when transmitted.

For More Information

If you need additional information, please review your benefits manual or visit myHR.



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Member Information

Please verify the following information and indicate any corrections directly on this form.

- Name EFnameSa ELname'aS
- Birth Date 04/12/1975 12:00:00 AM
- Gender Female
- Home Address Employee Address Line 1 Employee Address Line 2
Mississauga ON X9X9X9
- Hire/Rehire Date 05/14/2012 12:00:00 AM

Employer Information

- Employer Name TELUS
- Group Policy No. 175651

Life Insurance Plan 2 Top-up

- Insurance Company Canada Life
- Total Requested Coverage \$ 10,000
- Election Date [!ELECTION DATE]
- Team Member Number 0088360986765