GROUP LIFE INSURANCE
ADVANCE PAYMENT REQUEST FORM

Instructions:

- Complete this form when a terminally ill Plan Member 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, together with any additional sheets, to: Benefit Plan Administrators Ltd.
  200 Labourers Way
  Suite 2100
  Vaughan, ON, L4H 5H9
  P: 416-240-4543
  E: lifeeventclaims@bpagroup.com

Section 1 PLAN SPONSOR INFORMATION

To be completed by Plan Sponsor - please print

Name of Plan Sponsor	
Complete mailing address - Street City Province Postal Code	Phone Number
Email address	Fax Number
Plan Sponsor signature	Date

Section 2 PLAN MEMBER INFORMATION

To be completed by Plan Sponsor - please print

Plan Member's Name			Date of Birth (YYYY/MM/DD)
Group Policy Number		Certificate Number	Division Number
Plan Member's Address - Street City Province Postal Code			Plan Member's Phone Number
Email address		Amount of Plan Member'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 Plan Sponsor - please print

Name (please enclose copies of all ***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? ☐ Yes ☐ No

PLAN MEMBER'S REQUEST AND RELEASE

To be completed by Plan Member - please print

NOTE: A Plan Member is eligible to request an advance payment of up to 50% of the Plan Member'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 _____ 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, 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 rate of _____ percent 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 acknowledge, 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)	PLAN MEMBER NAME (please print)
WITNESS SIGNATURE	PLAN MEMBER 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.

PLAN MEMBER'S STATEMENT

To be completed by Plan Member

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 _____

Return completed form to: Benefit Plan Administrators Ltd.
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Vaughan, ON, L4H 5H9
P: 416-240-4543
E: lifeeventclaims@bpagroup.com

canada life™

ATTENDING PHYSICIAN'S STATEMENT
ADVANCE PAYMENT REQUEST

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Vaughan, ON, L4H 5H9
P: 416-240-4543
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Physician Name	Telephone Number
Address	Email Address
Name of Plan Member	
Address: Street City Province Postal Code	Group Policy Number

The above named Plan Member has requested an advance payment of their Life Insurance proceeds due to a terminal illness. In order to provide consideration to the Plan Member's request, we require the following information:

Diagnosis: _____

If cancer, is it metastatic? ☐ Yes ☐ No What stage of cancer? _____

Is the Plan Member undergoing any treatment? ☐ Yes ☐ No

If yes, provide details: _____

Future Prognosis: _____

Life expectancy (survival rate): _____

Do you consider the Plan Member to be mentally competent/mentally able? ☐ Yes ☐ No

Please provide a description of the Plan Member's medical condition, including any complications, in the space provided below and attach **medical evidence to support the diagnosis**. (to be completed by a SPECIALIST physician if being followed by a specialist).

I certify the above information to be true and correct.

Date _____ Signature _____, M.D.

Clear