

MAILING ADDRESS

Mail: Co-operators Life Insurance Company
Group Medical Underwriting
1920 College Avenue
Regina SK S4P 1C4

Fax: 1-866-889-9924

INSTRUCTIONS

Please complete the required information by printing clearly in ink to avoid delays.
You will receive written confirmation of your change request.

1. PLAN MEMBER INFORMATION

**To be completed by the
Plan Member**

Group _____ Account _____ Certificate _____

Plan Member _____
First Name Initial Last Name

*Spouse (only if status change is
required for Dependent Optional
Group Life coverage)

Spouse* _____
First Name Initial Last Name

Address _____
Street City Province Postal Code

Date of Birth _____ Male Female
MMM/DD/YYYY

**Tobacco products include:
cigarettes, cigarillos, mini-cigars,
pipe smoking, chewing tobacco,
nicotine gum or patch, marijuana
or hashish)

No
I certify as a true fact that I have not used tobacco products** during the 12 month period immediately preceding the date written beside my signature below.

Yes
I certify as a true fact that I have used tobacco products** during the 12 month period immediately preceding the date written beside my signature below.

2. PRIVACY

CO-OPERATORS LIFE INSURANCE COMPANY PRIVACY STATEMENT

Co-operators Life Insurance Company is committed to protecting the privacy, confidentiality, accuracy and security of the personal information that it collects, uses, retains and discloses in the course of conducting business.

Co-operators Life Insurance Company will collect, use and disclose personal information about you, your spouse or dependents for the purposes of providing group benefit plan administration, underwriting and claim services. Only authorized personnel have access to your information, and our systems and procedures are designed to prevent the loss, misuse, unauthorized access, disclosure, alteration, or destruction of your information. Our commitment to security extends to the contracts and agreements we sign with external suppliers and service providers. Your personal information may be collected by or transferred to a service provider outside of Canada for processing, storage, analysis or disaster recovery. You can find more details about Co-operators Life Insurance Company's privacy policy at www.cooperators.ca. If you have any questions regarding our privacy policies or about the collection, use and disclosure of your personal information, please contact: The Co-operators Privacy Officer: Priory Square, Guelph ON N1H 6P8 Tel: 1-888-887-7773 email: privacy@cooperators.ca (please indicate Co-operators Life Insurance Company in your inquiry)

3. PLAN MEMBER SIGNATURE

**To be signed by the Plan Member
and Spouse (if applicable)**

I declare and certify that I am aware Co-operators Life Insurance Company is relying on the representations I make in this declaration to classify me as a Smoker/Non-Smoker and to set the premiums I pay for my life insurance. I am aware that, in the event I have misrepresented my status as a Smoker/Non-Smoker, Co-operators Life Insurance Company may be entitled to void my life insurance policy(ies).

Plan Member Signature _____ Date _____
MMM/DD/YYYY

Spouse Signature (if applicable) _____ Date _____
MMM/DD/YYYY