

# Live.



Live with a plan that can help you and your loved ones.



*Get experience on your side*

## **Add comfort to your retirement years.**

During retirement, life insurance continues to play an important role.

In addition to assisting with any final expenses and funeral costs, life insurance can also be an effective way to:

- leave money to your favourite charity, place of worship, school or other worthy cause;
- help with your grandchildren's education; or
- provide future financial assistance to a loved one.



## **Enjoy life. ENCON has you covered.**

ENCON's Guaranteed Issue Life Insurance Plan can provide you with life insurance coverage once your employer-sponsored coverage ends, or your circumstances change. Its affordability and key features make it a real asset to your overall retirement plans:

- Individual or Joint and Survivor Coverage is available to you and your spouse, provided you are between the ages of 50 and 80 and are a resident of Canada.
- Acceptance is guaranteed and no medical questionnaire is necessary at time of application.
- The Living Benefit provides a cash benefit to you to help cope with a terminal illness. For details, please see page 3.
- Once enrolled, your premiums will not go up.
- The Accidental Death benefit provides five times the benefit amount.\*
- Provided premiums are paid, only you can cancel your coverage.
- At age 90, no further premiums are required and you remain covered for life.
- Reduced premium rates are available for couples.
- You can save up to 40% as a non-smoker.

\* Limitations, exclusions and restrictions may apply.



*You're in control with ENCON.*

## WHAT YOU CAN COUNT ON UNDER THE GUARANTEED ISSUE LIFE INSURANCE PLAN

### JOINT AND SURVIVOR COVERAGE

#### **5% Premium Savings**

Choose Joint and Survivor coverage for you and your spouse and you will enjoy a special premium rate that is 5% less than the rate for individual coverage. You must each choose the same amount of coverage, available in units of \$2,500 (a minimum of 2 to a maximum of 8 units).

Under Joint and Survivor Coverage, when the first death occurs, the beneficiary will receive the face amount of your policy. The premium for the surviving spouse will be reduced to his or her individual premium rate at the date of enrollment, less 5%.

### LIVING BENEFIT

#### **Cash Benefit for the Terminally Ill**

After two years of continuous coverage under the plan, you may be eligible for Living Benefit coverage.

If you are diagnosed as terminally ill with 12 months or less to live, you may apply for a cash advance of a portion of your death benefit (up to 50%) to use however you wish. This benefit is available as long as premiums continue to be paid and coverage remains in force. The balance of the benefit will be paid to the beneficiary upon the death of the insured.

### ACCIDENTAL DEATH

#### **Up to Five Times the Benefit Amount (up to \$100,000)**

If accidental death occurs before age 85, your beneficiary may qualify for a benefit of five times the face amount of your policy.

If accidental death occurs at age 85 or later, your beneficiary will receive the face amount of your policy.

## DEATH DUE TO NON-ACCIDENTAL CAUSES

### During the First Two Policy Years

If your death is due to non-accidental causes (other than suicide) during the first two policy years, all premiums are refunded, plus 10% interest compounded annually.

If non-accidental death occurs after the first two policy years, the face amount of your policy is paid less any living benefit paid.

## PREMIUM SAVINGS

### Up to 40% as a Non-smoker

Your premium is based on gender, age and smoking status at the time of enrollment. (See page 5.) If you have not smoked cigarettes in the 12 months immediately prior to the date of enrollment, you will enjoy the non-smoker premium discount.

## PRIVACY AND CONFIDENTIALITY STATEMENT

The specific and detailed information requested on your Enrollment Form is required to process your application. To protect the confidentiality of this information, Manulife and its agent, ENCON, will establish a "financial services file" from which this information will be used to process your application(s), and administer services and claims. Access to this file will be restricted to those Manulife employees, agents, mandataries or administrators who are responsible for the assessment of risk (underwriting), administration of services and the investigation of claims, and to any other person you authorize or as authorized by law. These people, organizations and service providers may be in jurisdictions outside Canada, and subject to the laws of those foreign jurisdictions. Your participation in the Retirees Insurance Program may be made known to the administering broker in order to bring other products and services offered under the program to your attention. The use of such information to offer products and services is optional, and if you wish to discontinue such use, you may write to ENCON Group Inc., at 600-55 Standish Court, Mississauga ON L5R 4B2, or to Manulife at the address provided below. Your file is secured in the office of Manulife or its agents. You may request to review the personal information it contains and make corrections by writing to:

**Privacy Officer, Manulife, P.O. Box 1602, Del. Stn 500-4-A, Waterloo ON N2J 4C6.**

Age at Enrollment	Monthly Premium per Unit of \$2,500 Non-smoker		Monthly Premium per Unit of \$2,500 Smoker	
	Female	Male	Female	Male
50	\$5.00	\$6.00	\$7.25	\$10.50
51	5.25	6.50	7.50	11.00
52	5.50	6.75	8.00	11.75
53	5.75	7.00	8.50	12.25
54	6.25	7.50	8.75	13.00
55	6.50	8.00	9.25	13.75
56	7.00	8.50	9.75	14.75
57	7.50	9.00	10.50	15.75
58	8.00	9.50	11.00	16.75
59	8.50	10.25	11.75	17.75
60	9.00	10.75	12.25	18.75
61	9.50	11.50	13.00	20.00
62	10.25	12.50	13.75	21.25
63	11.00	13.25	14.75	22.50
64	11.75	14.25	15.50	23.75
65	12.50	15.25	16.50	25.25
66	13.25	16.25	17.75	26.75
67	14.25	17.50	18.75	28.25
68	15.25	18.75	20.00	30.00
69	16.50	20.00	21.50	31.75
70	17.75	21.50	22.75	33.50
71	19.00	23.00	24.25	35.25
72	20.50	24.75	25.75	37.00
73	22.00	26.75	27.50	38.75
74	23.50	28.75	29.25	40.75
75	25.25	30.75	31.00	42.75
76	27.50	33.25	33.25	45.00
77	29.75	36.00	35.50	47.25
78	32.25	38.75	38.00	49.75
79	34.75	41.75	40.75	52.25
80	37.75	45.25	43.50	55.00

Rates are subject to change without notice. Once you are insured, however, your monthly premium will not change.

## CALCULATE YOUR MONTHLY PREMIUM\*

The following chart is designed to help you (and your spouse) calculate your monthly premium. For each applicant:

1. Determine the amount of coverage you desire.
2. Insert the number of units you wish to purchase.
3. Insert the applicable rate based on your age, gender and smoker status.
4. Multiply the rate by the number of units to determine your monthly premium.
5. If you and your spouse are enrolling with the same number of units, apply a 5% premium reduction.

Your Premium Calculator	Retiree	Spouse
1. Total coverage requested (\$5,000 - \$20,000)	_____	_____
2. Total no. of units: Each unit = \$2,500 Minimum 2 units = \$5,000 Maximum 8 units = \$20,000	_____	_____
3. Monthly premium per unit (see table pg. 5)	_____	_____
4. Total monthly premium (multiply the no. of units x monthly premium)	_____	_____
		Total*
	+	=
5. If you and your spouse are enrolling with the same no. of units, apply a 5% reduction in premium (total monthly premium x .95)	*Total	x .95 =

\* The calculator is intended to estimate the amount of premium required. The actual premium amounts may differ.



## THIS PLAN OFFERS YOU:

### MONEY-BACK GUARANTEE

Once you receive your policy you will have 30 days to review it. If you are not completely satisfied, simply return it within that time for a full refund of premiums paid.

### AFFORDABLE MONTHLY PREMIUMS

ENCON Plans offer you the coverage you need at affordable rates.

Minimum purchase 2 units (\$5,000)

Maximum purchase 8 units (\$20,000)

### PERSONAL PRE-AUTHORIZED DEBIT PAYMENTS

The Personal Pre-authorized Debit Agreement, set up through your bank, trust company or credit union, saves you time and the cost of writing and mailing your cheques. It also helps ensure that your payments are always on time.

#### **Please note the following important information:**

- You may cancel your Personal Pre-authorized Debit Agreement at any time, subject to providing written 30-days notice to ENCON Group Inc. Retiree Benefits, 600-55 Standish Court, Mississauga ON L5R 4B2. You may obtain a sample cancellation form by contacting your financial institution or by visiting [www.payments.ca](http://www.payments.ca).
- You have certain recourse rights if any debit does not comply with this agreement. For example, you have the right to receive reimbursement for any debit that is not authorized or is not consistent with your Personal Pre-authorized Debit Agreement. To obtain more information on your recourse rights, contact your financial institution or visit [www.payments.ca](http://www.payments.ca).

## QUESTIONS?

If you have any questions about this coverage, the Personal Pre-authorized Debit Agreement or about completing your Enrollment Form, please contact our retiree insurance specialists toll free at **1-800-387-2037**, or send an email to **retireeplan@encon.ca**.

## ENROLL TODAY!

1. Complete, sign and date the Enrollment Form. Make sure to fill out the section entitled Spousal Information if your spouse is enrolling in the plan.
2. Do not send money. All that is required is a blank cheque marked "VOID" to set up the convenient Personal Pre-authorized Debit Agreement for your monthly premiums.
3. Mail your Enrollment Form and your void cheque to ENCON in the postage-paid envelope.

Coverage begins on the date your Enrollment Form and your void cheque are received at ENCON.

## OTHER RETIREE BENEFITS PLANS OFFERED BY ENCON:

### HEALTH AND DENTAL CARE / ANNUAL TRAVEL INSURANCE



Our most popular choice. We have carefully selected health and dental care benefits that will be useful to you and your spouse. Our plans are designed to offer valuable benefits at a reasonable cost, including:

- Health care
- Dental care (basic and major restorative)
- Optional: Annual travel plan, choose 30, 45, 60, 90, 120, 150 or 180 days

If you are 50 to 75 years old, you can enroll today and take advantage of our comprehensive coverage, convenient claims handling and excellent rates.

Contact our retiree insurance specialists toll free at **1-800-387-2037** or via email at **retireeplan@encon.ca** for a brochure with Enrollment Form.

### TRAVEL INSURANCE



In addition to the Annual Travel Insurance Plan described in the Health and Dental Plan brochure, you have access to a wide range of individual plans underwritten by Royal & Sun Alliance Insurance Company of Canada:

- Multi-Trip Annual Plans
- Single Trip Daily Plans
- Canada Plan
- No age limit
- Top Ups and extensions

For more information, please call this toll free number, set up exclusively for ENCON clients: **1-877-762-6955**. Get an online quotation at **[www.encon.ca/retireebenefits](http://www.encon.ca/retireebenefits)**.

# ENCON GUARANTEED ISSUE LIFE INSURANCE PLAN ENROLLMENT FORM

## RETIREE INFORMATION

Retiree's Name (last) \_\_\_\_\_ (first) \_\_\_\_\_

Address \_\_\_\_\_

Unit No. \_\_\_\_\_ City/Town \_\_\_\_\_

Province/Territory \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone (area code) \_\_\_\_\_

Email \_\_\_\_\_

Birthdate (YYYY/MM/DD) \_\_\_\_\_ Sex  M  F

Smoker  Non-smoker

I hereby designate the individual named as beneficiary on this Enrollment Form to receive any death benefit payable with respect to the coverage applied for. If no beneficiary is designated, benefits will be payable to the Estate.

Name (last) \_\_\_\_\_ (first) \_\_\_\_\_

Relationship \_\_\_\_\_ % of Benefit \_\_\_\_\_

If you designate a beneficiary who is a minor when benefits become payable, benefits will be paid into court or to the Public Trustee, unless a trustee is appointed. By appointing a trustee below, you agree that if the beneficiary is a minor on the date that benefits are paid, the benefits will be paid to the trustee to hold in trust for the child until the child comes of age.

### Trustee

Name (last) \_\_\_\_\_ (first) \_\_\_\_\_

Relationship to the Beneficiary \_\_\_\_\_

A copy, fax, scan or image of the beneficiary designation in this Enrollment Form is as valid as the original.

For Quebec residents only:

In the province of Quebec, if you designate a beneficiary who is under the age of 18 when benefits become payable, benefits will be paid to the tutor or administrator of the beneficiary and no trustee may be appointed. Any designation of a spouse as a beneficiary is irrevocable unless stipulated to be revocable. (Check box below if designation is to be revocable.)

I hereby declare and stipulate that the beneficiary designation made in this Enrollment Form is revocable.

Enrollment Form continued on next page

# ENCON GUARANTEED ISSUE LIFE INSURANCE PLAN ENROLLMENT FORM

## SPOUSAL INFORMATION (IF APPLYING)

Spouse's Name (last)	(first)
<hr/>	
Birthdate (YYYY/MM/DD)	Sex <input type="checkbox"/> M <input type="checkbox"/> F
<hr/>	
Smoker <input type="checkbox"/> Non-smoker <input type="checkbox"/>	
<hr/>	

I hereby designate the individual named as beneficiary on this Enrollment Form to receive any death benefit payable with respect to the coverage applied for. If no beneficiary is designated, benefits will be payable to the Estate.

Name (last)	(first)
<hr/>	
Relationship	% of Benefit
<hr/>	

If you designate a beneficiary who is a minor when benefits become payable, benefits will be paid into court or to the Public Trustee, unless a trustee is appointed. By appointing a trustee below, you agree that if the beneficiary is a minor on the date that benefits are paid, the benefits will be paid to the trustee to hold in trust for the child until the child comes of age.

### Trustee

Name (last)	(first)
<hr/>	
Relationship to the Beneficiary	
<hr/>	

A copy, fax, scan or image of the beneficiary designation in this Enrollment Form is as valid as the original.

For Quebec residents only:

In the province of Quebec, if you designate a beneficiary who is under the age of 18 when benefits become payable, benefits will be paid to the tutor or administrator of the beneficiary and no trustee may be appointed. Any designation of a spouse as a beneficiary is irrevocable unless stipulated to be revocable. (Check box below if designation is to be revocable.)

I hereby declare and stipulate that the beneficiary designation made in this Enrollment Form is revocable.

## AMOUNT OF COVERAGE

### Insert information from Your Premium Calculator

(see page 6 of this brochure)

	Retiree	Spouse	
Total coverage requested	<hr/>	<hr/>	
Number of units	<hr/>	<hr/>	
Total monthly premium	<hr/>	<hr/>	Total*
		+	=
5% reduction (if applicable)	<hr/>		=

Enrollment Form continued on next page

**PAYMENT OF PREMIUM – PERSONAL  
PRE-AUTHORIZED DEBIT AGREEMENT**

I/We authorize ENCON Group Inc. to withdraw my/our monthly premium (as determined by the coverage amounts requested on the previous page of this Enrollment Form) from my/our bank, trust company or credit union account on the first banking day of every month and have enclosed a blank personal cheque marked "VOID".  
**I/We have read and understand the Personal Pre-authorized Debit Payments section on page 7 of this brochure.**

Monthly withdrawals are to be made from this Account Number

_____	
Signature of Account Holder	Date
_____	
Signature of Joint Account Holder (if applicable)	Date
_____	

**DECLARATION (PLEASE READ AND SIGN)**

I/We, the undersigned applicant(s), hereby apply for insurance to ENCON Group. I/We declare that the statements contained in this Enrollment Form are true and complete and together with any other forms signed by me/us in connection with this Enrollment Form, form the basis for any policy issued hereunder. I/We understand that any material misrepresentation, including misstatement of smoker status, shall render the insurance voidable at the instance of the insurer. Suicide within two years of the effective date is a risk not covered. I/We have read and understand that there are exclusions and limitations on the coverage applied for. I/We understand that insurance will take effect on the date the Enrollment Form and payment of the first premium are received by ENCON Group at its office.

I/We hereby designate the individual(s) named as beneficiary(ies) to receive the proceeds payable upon my/our death. I/We acknowledge receipt of, and agree with, the Notice on Privacy and Confidentiality on page 4 of this brochure.

A photocopy of this signed declaration shall be as valid as the original.

Signed at	City/Town	Province/Territory
_____		
Retiree's Signature		
_____		
Spouse's Signature (if applying for coverage)		
_____		
Date signed (YYYY/MM/DD)		
_____		

As the Retiree Insurance Program Manager, ENCON receives a commission from Manulife. If you have any questions about this Benefits coverage or our compensation, please feel free to call us at 1-800-387-2037.

## EXPERIENCE AND EXPERTISE YOU CAN COUNT ON

**ENCON Group Inc.** has been providing post-retirement benefits services, including plan design, distribution and administration, for over 30 years. Our retiree insurance specialists are readily available to answer your questions and advocate on your behalf.



**encon**

ENCON Group Inc.  
600-55 Standish Court  
Mississauga, Ontario L5R 4B2

**Toll free phone number: 1-800-387-2037**

**Facsimile: 905-755-2079**

**Email: [retireeplan@encon.ca](mailto:retireeplan@encon.ca)**

**Website: [www.encon.ca/retireebenefits](http://www.encon.ca/retireebenefits)**



### **The Manufacturers Life Insurance Company (Manulife)**

This brochure is intended to provide a brief summary of the ENCON Guaranteed Issue Life Insurance Plan. It contains some information about coverages but it does not list all of the conditions and exclusions that apply to the described coverages. The actual wording of the policies governs all situations.

The products described are subject to change without notice at any time.

Underwriting and claims management for the ENCON Guaranteed Issue Life Insurance Plan are provided by The Manufacturers Life Insurance Company (Manulife), P.O. Box 670, Stn Waterloo, Waterloo ON N2J 4B8. Manulife and the Block Design are trademarks of The Manufacturers Life Insurance Company and are used by it and its affiliates under licence. Accessible formats and communication supports are available upon request. Visit [Manulife.com/accessibility](http://Manulife.com/accessibility) for more information.