



**Walk into your future with a plan.**



**OTIP RAEO**

LifePlan 80 is underwritten by ACE INA Life Insurance

## Life insurance coverage until you're 80.



### Protection your family can count on.

OTIP's LifePlan 80 gives you the freedom to take your life in any direction you want it to go, knowing your family will be taken care of in the event of your death.

As long as you maintain your premiums, you can count on LifePlan 80 to cover you until you reach 80 years of age. It will pay out in addition to any existing insurance you may already have.

### No medical exam needed to apply.

LifePlan 80 is available to education employees and their spouses for coverage of \$25,000, \$50,000, \$75,000, \$100,000 or \$150,000.

No medical examination is required to apply for coverage. The younger you are when you apply, the lower your premiums will be.

### The plan with tax-free benefits!

As an added advantage, the insurance benefits paid out to your named beneficiary by LifePlan 80 are not subject to income tax under current Canadian law.

### It's easy to enrol in LifePlan 80.

Simply complete the attached application form and return it by mail, or fax it to us at 1-800-346-3842.

**No matter what your career plans. No matter when you retire.**



## LifePlan 80 puts you in charge of your life insurance needs.

As an education employee, you understand the importance of preparation and planning. You're a professional who knows how to take charge. Now it's time to apply those principles to your own personal financial goals.

Sometime in the future, you may decide to take a position with a different school board. You may be thinking of shifting your academic career or moving on to something entirely new. Your goal could be an early retirement, or you may be looking forward to teaching till you're 65.

No matter what lies ahead, it's important to remember that your current education group life insurance plan won't always be there for you. And chances are it's only providing a foundation for your financial goals.

With OTIP's LifePlan 80, you can take charge of your needs with life insurance that will cover you no matter where you work, no matter when you retire.

## Give your loved ones the protection they need.

LifePlan 80 lets you plan ahead with the certainty that no matter what you do, no matter where you go, your loved ones will be protected if something happens to you or your spouse.

You choose the level of coverage that best suits your family's needs: \$25,000, \$50,000, \$75,000, \$100,000 or \$150,000.

# It's a plan that answers all your questions.

## Who is eligible for coverage?

All teachers and education employees, both active and retired (and their spouses), who are between 20 and 65 years of age.

## How much coverage is available?

You can select a benefit amount of \$25,000, \$50,000, \$75,000, \$100,000 or \$150,000.

## How many times does coverage decrease, and by how much?

Your coverage reduces only once by 50% at age 75.

## Will my premiums ever increase?

Once you are insured with LifePlan 80, your premiums will not increase due to your age or any changes in your health, although premiums may increase or decrease by a total of up to 10%.

## What happens when I die?

Benefits are paid to your named beneficiary. Your LifePlan 80 coverage belongs to you and is not subject to any board or government influence.

## Can I use LifePlan 80 to replace existing coverage?

LifePlan 80 is designed as supplemental coverage. You need the advice of a licensed insurance agent if you are considering replacing or cancelling existing coverage.

This does not apply to group coverage you may have which is terminating or expiring.

## What happens if I change my mind?

If you're not completely satisfied with LifePlan 80, just contact us within 30 days of receiving your policy. We will cancel your coverage and refund any premiums you may have paid. It's as simple as that.

## Are there any exclusions or limitations?

Death resulting from suicide within the first two (2) years of coverage will be limited to a return of premiums paid, plus interest. After two (2) years, death from any cause is covered.

## Can my insurance be terminated?

Your insurance can be terminated as follows:

- 1) on the first of the month following the month in which your written cancellation notice is received by OTIP/ACE INA Life Insurance
- 2) on the next premium due date following your 80th birthday
- 3) if your premium is not paid when due.

**For more information, call the  
LifePlan 80 Helpline at  
1-888-398-6847.**

# The sooner you enrol, the lower your premiums.

Initial premiums vary according to your age, gender and whether or not you smoke. The younger you are when you enrol in LifePlan 80, the lower your monthly premiums will be.

MALE NON-SMOKER	AGE	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-65
	\$25,000	\$8.17	\$9.63	\$11.61	\$14.29	\$17.91	\$22.56	\$28.29	\$34.90	\$41.17
	\$50,000	\$16.03	\$18.87	\$22.76	\$28.02	\$35.12	\$44.24	\$55.47	\$68.44	\$80.72
	\$75,000	\$23.56	\$27.74	\$33.46	\$41.18	\$51.62	\$65.03	\$81.54	\$100.60	\$118.66
	\$100,000	\$30.77	\$36.24	\$43.71	\$53.79	\$67.42	\$84.93	\$106.50	\$131.40	\$154.98
	\$150,000	\$44.23	\$52.09	\$62.83	\$77.33	\$96.92	\$122.09	\$153.09	\$188.88	\$222.79

MALE SMOKER	AGE	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-65
	\$25,000	\$13.70	\$16.96	\$21.36	\$27.30	\$35.31	\$45.51	\$57.75	\$71.00	\$82.18
	\$50,000	\$26.85	\$33.25	\$41.88	\$53.53	\$69.24	\$89.24	\$113.24	\$139.23	\$161.14
	\$75,000	\$39.48	\$48.88	\$61.57	\$78.68	\$101.79	\$131.18	\$166.47	\$204.66	\$236.88
	\$100,000	\$51.56	\$63.84	\$80.42	\$102.77	\$132.95	\$171.33	\$217.42	\$267.31	\$309.39
	\$150,000	\$74.12	\$91.77	\$115.60	\$147.73	\$191.11	\$246.29	\$312.55	\$384.26	\$444.75

FEMALE NON-SMOKER	AGE	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-65
	\$25,000	\$5.42	\$6.52	\$7.92	\$9.77	\$12.10	\$15.08	\$18.88	\$23.45	\$28.33
	\$50,000	\$10.63	\$12.78	\$15.53	\$19.15	\$23.73	\$29.57	\$37.01	\$45.99	\$55.55
	\$75,000	\$15.62	\$18.79	\$22.83	\$28.15	\$34.89	\$43.47	\$54.41	\$67.60	\$81.66
	\$100,000	\$20.40	\$24.55	\$29.82	\$36.77	\$45.57	\$56.78	\$71.06	\$88.30	\$106.66
	\$150,000	\$29.33	\$35.28	\$42.87	\$52.85	\$65.51	\$81.63	\$102.16	\$126.93	\$153.32

FEMALE SMOKER	AGE	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-65
	\$25,000	\$8.82	\$10.99	\$13.77	\$17.34	\$21.73	\$27.03	\$33.34	\$40.38	\$47.02
	\$50,000	\$17.29	\$21.56	\$26.99	\$34.00	\$42.61	\$53.00	\$65.37	\$79.17	\$92.20
	\$75,000	\$25.42	\$31.69	\$39.68	\$49.99	\$62.64	\$77.91	\$96.10	\$116.39	\$135.53
	\$100,000	\$33.20	\$41.39	\$51.83	\$65.29	\$81.81	\$101.76	\$125.51	\$152.02	\$177.02
	\$150,000	\$47.73	\$59.50	\$74.50	\$93.85	\$117.61	\$146.28	\$180.43	\$218.52	\$254.47

# Application Form

APPLICANT			
FIRST NAME	INITIAL	LAST NAME	GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
STREET ADDRESS		APT NUMBER	
CITY	PROVINCE	POSTAL CODE	
DAYTIME PHONE		EVENING PHONE	
E-MAIL		DATE OF BIRTH D D / M M / Y Y Y Y	
BENEFICIARY'S NAME			
HAVE YOU USED ANY FORM OF TOBACCO OR NICOTINE PRODUCT (INCLUDING THE NICOTINE PATCH) IN THE PAST 12 MONTHS? <input type="checkbox"/> YES <input type="checkbox"/> NO			
<b>Indicate Membership</b>			
Affiliation of Applicant <input type="checkbox"/> ETFO <input type="checkbox"/> OECTA <input type="checkbox"/> OSSTF <input type="checkbox"/> AEFO <input type="checkbox"/> ADFO <input type="checkbox"/> CPCO <input type="checkbox"/> OPC <input type="checkbox"/> OTHER _____			
<b>Choose Your Level of Coverage</b>			
APPLICANT			
<input type="checkbox"/> \$150,000	<input type="checkbox"/> \$100,000	<input type="checkbox"/> \$75,000	<input type="checkbox"/> \$50,000 <input type="checkbox"/> \$25,000

SPOUSAL APPLICANT (TO BE COMPLETED BY SPOUSE)			
FIRST NAME	INITIAL	LAST NAME	GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
STREET ADDRESS (IF DIFFERENT FROM APPLICANT)		APT NUMBER	
CITY	PROVINCE	POSTAL CODE	
DAYTIME PHONE		EVENING PHONE	
E-MAIL		DATE OF BIRTH D D / M M / Y Y Y Y	
BENEFICIARY'S NAME			
HAVE YOU USED ANY FORM OF TOBACCO OR NICOTINE PRODUCT (INCLUDING THE NICOTINE PATCH) IN THE PAST 12 MONTHS? <input type="checkbox"/> YES <input type="checkbox"/> NO			
<b>If you are also an education employee, indicate membership</b>			
Affiliation of Spousal Applicant <input type="checkbox"/> ETFO <input type="checkbox"/> OECTA <input type="checkbox"/> OSSTF <input type="checkbox"/> AEFO <input type="checkbox"/> ADFO <input type="checkbox"/> CPCO <input type="checkbox"/> OPC <input type="checkbox"/> OTHER _____			
<b>Choose Your Level of Coverage</b>			
SPOUSAL APPLICANT			
<input type="checkbox"/> \$150,000	<input type="checkbox"/> \$100,000	<input type="checkbox"/> \$75,000	<input type="checkbox"/> \$50,000 <input type="checkbox"/> \$25,000

## Medical Questions

### Within the last five years:

Have you been treated or had treatment recommended for heart or circulatory disorders; chest pains; high blood pressure which is not controlled by medication; insulin dependent diabetes; cancer; tumours; lung disorders; infections (i.e. Hepatitis B or C) or immune system abnormality; kidney disorders; urinary abnormalities; Alzheimer's disease, cirrhosis of the liver; drug or alcohol consumption?

TO BE COMPLETED BY THE APPLICANT

YES  NO

TO BE COMPLETED BY THE SPOUSAL APPLICANT

YES  NO

Have you been hospitalized, home-confined or in a nursing facility? If yes, please attach full details.

YES  NO

YES  NO

Have you had or been told you had Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC), or a positive blood test for the HTLV-III virus?

YES  NO

YES  NO

Have you applied for life or health insurance that was declined, rated or modified in any way?

YES  NO

YES  NO

Have you any condition for which hospitalization or surgery has been advised (other than for reasons like arthroscopic surgery, shoulder surgery, hernia repair, gall bladder surgery or gallstones), or is contemplated within the next year?

YES  NO

YES  NO

PLEASE NOTE: LifePlan 80 IS DESIGNED AS SUPPLEMENTARY INSURANCE ONLY AND MAY NOT BE PURCHASED TO REPLACE EXISTING COVERAGE. ACE INA LIFE INSURANCE'S PRIVACY NOTICE IS ON THE BACK OF THIS BROCHURE. IF YOU DO NOT WISH YOUR INFORMATION TO BE USED OR SHARED BY ACE FOR THE OPTIONAL PURPOSE OF OFFERING YOU ADDITIONAL OR ENHANCED OTIP-SPONSORED INSURANCE PRODUCTS OR SERVICES, PLEASE TICK HERE:  OR CALL 1-877-534-3655.

DECLARATION: I, THE UNDERSIGNED, AND IF APPLICABLE, THE UNDERSIGNED SPOUSAL APPLICANT, DECLARE THAT THE STATEMENTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE. I/WE AUTHORIZE ACE TO DEBIT MY/OUR ACCOUNT AS DESCRIBED BELOW, FOR THE PURPOSE OF PAYING MONTHLY INSURANCE PREMIUMS.

APPLICANT'S SIGNATURE

DATE

SPOUSAL APPLICANT'S SIGNATURE

DATE

METHOD OF PAYMENT	
<input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD	_____
	CREDIT CARD ACCOUNT NUMBER      EXP DATE
<input type="checkbox"/> PRE-AUTHORIZED CHEQUE (Attach a void cheque)	



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For more information, call the  
LifePlan 80 Helpline at  
1-888-398-6847.

**PRIVACY NOTICE:** When you apply to enrol in or become covered under OTIP's LifePlan 80, the insurer, ACE INA Life Insurance ("ACE"), will need to collect, use and in certain circumstances disclose information about you for the purposes of administering your benefits under this insurance policy. For more information, please review ACE's Privacy Policy at [www.ace-ina-canada.com/pdf/main/privacy policy.pdf](http://www.ace-ina-canada.com/pdf/main/privacy%20policy.pdf) or call 1-877-534-3655 to request a copy. From time to time there may be additional or enhanced OTIP-sponsored ACE products or services available to you. The use of your personal information for the purposes of offering you such additional or enhanced products or services is entirely optional. You can call ACE at 1-877-534-3655 to communicate your preference or if enrolling, indicate your preference on the application form.