

# LifePlan 100

Plan ahead for long  
term protection.



*LifePlan 100 is underwritten by ACE INA Life Insurance*

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# LifePlan 100

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



# LifePlan 100 puts you in charge of your life insurance needs.

As an education employee, you understand the importance of preparation and planning. Now you can apply those same principles to your own financial future.

Down the road, you may decide to take a position with a different school board, explore an entirely new career path, or take a year off to travel the world. No matter what lies ahead, it's important to remember that your current education group life insurance plan may terminate once you leave. That's why it's smart to extend your coverage for the years ahead.

OTIP's LifePlan 100 puts you in control of your life insurance needs with coverage that extends beyond your current plan and protects you no matter where you work, no matter when you retire. Your policy is based on your individual needs, not tied to a collective group plan.

## Protection that extends beyond your working life.

OTIP's LifePlan 100 was specially developed for you. It gives you the freedom to plan ahead with the knowledge and comfort that your life insurance needs are looked after once your group plan terminates.

As long as you continue to pay your premiums, you can count on LifePlan 100 to cover you until you reach 100 years of age, at which time, it will pay out to you if you are still living. What's more, LifePlan 100 benefits are paid in addition to any other insurance you may already carry.

A photograph of a man and a woman in professional attire, both wearing glasses and smiling. They appear to be in a meeting or office setting, looking at documents together. The man is on the left, wearing a white shirt and a striped tie. The woman is on the right, wearing a green top. The background is a bright, out-of-focus office environment.

# A plan that helps close the gap on your financial needs.

## Who is eligible for coverage?

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

## How much coverage is available?

You can select a benefit amount of \$25,000, \$50,000, \$100,000, \$150,000, \$200,000 or \$250,000.

## Will my premiums ever increase?

Once you are insured with LifePlan 100, your premiums will not increase due to age or 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.

## Can I use LifePlan 100 to replace existing coverage?

LifePlan 100 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 any 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 100, 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 and limitations?

There are some exclusions and limitations, like in any insurance policy. These are listed in detail in the policy contract. For more information, please contact our life and living benefits sales department at 1-888-398-6847.

## Can my insurance be terminated?

Your insurance can be terminated:

- 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 100th birthday, at which time benefits are payable;
- 3) if your premium is not paid when due.



## How many times will my coverage decrease and by how much?

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

Initial premiums vary according to your age, gender and whether or not you smoke. The younger you are when your LifePlan 100 coverage begins, the lower your monthly premiums will be.

#### Male Non-Smoker

Age	20-24	25-29	30-34	35-39	
\$25,000	\$14.69	\$16.25	\$18.31	\$21.10	
\$50,000	\$27.58	\$30.58	\$34.54	\$39.83	
\$100,000	\$34.75	\$40.50	\$48.08	\$59.17	
\$150,000	\$48.63	\$57.25	\$69.13	\$85.13	
\$200,000	\$60.33	\$72.17	\$88.67	\$110.67	
\$250,000	\$69.58	\$85.00	\$106.25	\$134.58	

#### Male Smoker

Age	20-24	25-29	30-34	35-39	
\$25,000	\$16.85	\$19.52	\$23.50	\$29.33	
\$50,000	\$29.54	\$37.96	\$46.08	\$58.88	
\$100,000	\$54.25	\$64.92	\$79.17	\$98.08	
\$150,000	\$74.63	\$90.75	\$112.13	\$140.75	
\$200,000	\$96.00	\$117.50	\$146.00	\$184.17	
\$250,000	\$115.42	\$142.29	\$178.13	\$225.83	

#### Female Non-Smoker

Age	20-24	25-29	30-34	35-39	
\$25,000	\$12.71	\$13.33	\$14.56	\$16.69	
\$50,000	\$24.38	\$26.83	\$29.96	\$34.08	
\$100,000	\$29.08	\$33.58	\$39.17	\$47.08	
\$150,000	\$39.06	\$46.29	\$55.61	\$67.79	
\$200,000	\$47.67	\$57.33	\$69.83	\$86.33	
\$250,000	\$53.96	\$66.04	\$81.67	\$102.92	

#### Female Smoker

Age	20-24	25-29	30-34	35-39	
\$25,000	\$14.77	\$16.73	\$19.23	\$22.52	
\$50,000	\$27.79	\$31.50	\$36.25	\$42.38	
\$100,000	\$36.50	\$45.50	\$57.00	\$71.83	
\$150,000	\$52.50	\$65.50	\$82.00	\$103.25	
\$200,000	\$63.17	\$79.83	\$101.00	\$128.33	
\$250,000	\$70.42	\$90.21	\$115.63	\$148.75	

	<b>40-44</b>	<b>45-49</b>	<b>50-54</b>	<b>55-59</b>	<b>60-65</b>
	\$24.23	\$30.40	\$36.98	\$46.35	\$54.79
	\$47.17	\$57.04	\$69.17	\$83.50	\$99.67
	\$74.17	\$93.83	\$118.50	\$148.83	\$180.92
	\$106.63	\$135.00	\$172.25	\$217.50	\$265.13
	\$140.00	\$178.50	\$228.17	\$288.67	\$352.17
	\$172.29	\$221.25	\$283.33	\$358.96	\$438.33

	<b>40-44</b>	<b>45-49</b>	<b>50-54</b>	<b>55-59</b>	<b>60-65</b>
	\$38.83	\$50.06	\$63.52	\$78.10	\$90.40
	\$76.17	\$98.17	\$124.58	\$153.17	\$177.25
	\$125.17	\$162.17	\$205.42	\$251.33	\$294.17
	\$181.38	\$237.00	\$302.00	\$371.13	\$435.25
	\$238.50	\$312.83	\$399.50	\$491.67	\$577.33
	\$293.96	\$386.88	\$495.21	\$610.63	\$717.71

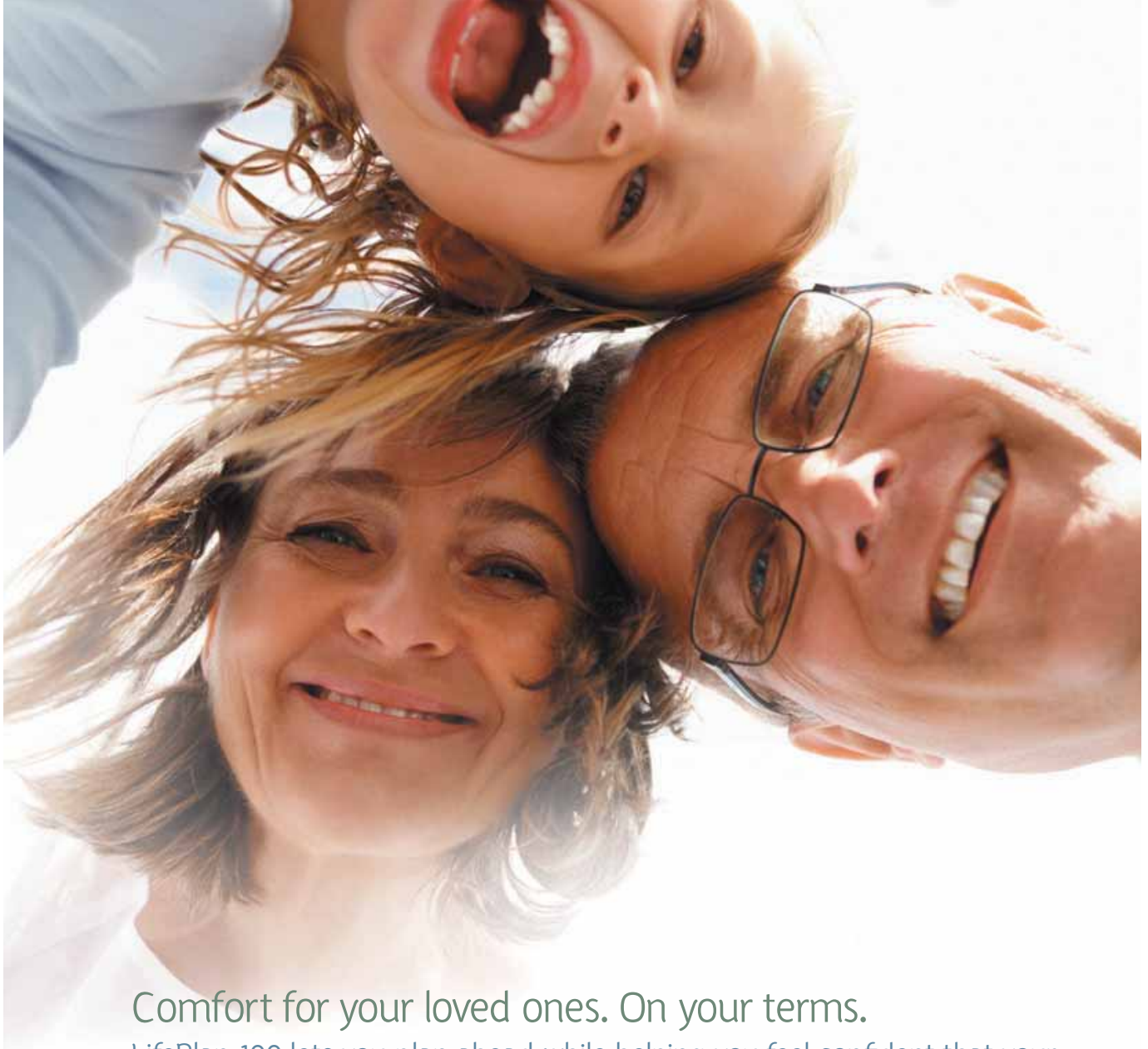
	<b>40-44</b>	<b>45-49</b>	<b>50-54</b>	<b>55-59</b>	<b>60-65</b>
	\$20.42	\$24.94	\$29.92	\$38.58	\$46.77
	\$39.54	\$46.88	\$56.08	\$67.42	\$81.13
	\$57.67	\$71.88	\$91.00	\$116.92	\$155.92
	\$84.06	\$102.75	\$131.13	\$166.88	\$207.75
	\$108.50	\$135.50	\$173.33	\$221.17	\$275.50
	\$131.04	\$167.50	\$214.79	\$274.58	\$342.50

	<b>40-44</b>	<b>45-49</b>	<b>50-54</b>	<b>55-59</b>	<b>60-65</b>
	\$26.96	\$32.88	\$39.77	\$47.52	\$55.83
	\$50.63	\$61.50	\$74.13	\$88.25	\$103.46
	\$90.00	\$111.92	\$138.08	\$167.25	\$194.75
	\$129.38	\$160.88	\$198.50	\$240.38	\$279.88
	\$162.33	\$203.83	\$254.00	\$311.00	\$366.50
	\$190.00	\$241.46	\$303.96	\$376.67	\$449.79

# No medical exam needed to apply.

LifePlan 100 is available to all education employees and their spouses, upon approval. No medical examination is required to apply. The younger you are when you apply, the lower your premiums will be. The insurance benefits paid out to your named beneficiary by LifePlan 100 are not subject to income tax under current Canadian law.





Comfort for your loved ones. On your terms.

LifePlan 100 lets you plan ahead while helping you feel confident that your loved ones will be protected if something happens to you or your spouse.

Simply choose the level of coverage that best suits your family's needs: \$25,000, \$50,000, \$100,000, \$150,000, \$200,000 or \$250,000.

For more information,  
call the OTIP life and living  
benefits sales department  
at 1-888-398-6847.

# Where do I go from here?

Apply using one of  
2 easy options.

1 By Phone: Call us at 1-888-398-6847 and talk to one of our helpful representatives today.

2 By Mail: Fill out the attached application today.

*It's easy. Just follow these simple steps:*

1. Fill out the form.
2. Fold the form according to the instructions provided.
3. Mail the form.



## Unsure of how much life insurance you really need?

Get an idea of how much you need without talking to a Salesperson! Try our no-obligation online life insurance calculator at [www.otip.com](http://www.otip.com). In just a few minutes our life insurance calculator can help you decide how much life insurance you may need based on your current situation, lifestyle and assets. Find out for yourself how much protection you really need, visit [www.otip.com](http://www.otip.com) today!

Check

To avoid unnecessary delays in your application, be sure to complete all fields.



## B Medical Questions

**Within the last 5 years** have you seen a doctor for, been told you have, or received treatment, medication or counselling for any of the following: cancer, tumour or leukemia, diabetes, high blood pressure which is not currently controlled by medication, heart problem, heart attack, coronary artery disease or stroke, alcohol or drug abuse, multiple sclerosis or other neurological problem, respiratory disorder (except for asthma that has never required hospitalization, colds and flu), psychiatric or nervous disorder (e.g. anxiety, depression), kidney problem (except for kidney stones), hepatitis or other liver problem, disorder of the colon such as ulcerative colitis or Crohn's disease?

*To be completed by the:*

Applicant	<input type="radio"/> Yes <input type="radio"/> No	▶ Check
Spousal Applicant	<input type="radio"/> Yes <input type="radio"/> No	

Have you been hospitalized **within the last 2 years** (other than for reasons like childbirth, broken bones, shoulder surgery, dental work, arthroscopic surgery, hernia repair, gall bladder surgery or gallstones), or have you ever been home-confined or in a nursing facility?

*To be completed by the:*

Applicant	<input type="radio"/> Yes <input type="radio"/> No	▶ Check
Spousal Applicant	<input type="radio"/> Yes <input type="radio"/> 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?

*To be completed by the:*

Applicant	<input type="radio"/> Yes <input type="radio"/> No	▶ Check
Spousal Applicant	<input type="radio"/> Yes <input type="radio"/> No	

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

*To be completed by the:*

Applicant	<input type="radio"/> Yes <input type="radio"/> No	▶ Check
Spousal Applicant	<input type="radio"/> Yes <input type="radio"/> 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?

*To be completed by the:*

Applicant	<input type="radio"/> Yes <input type="radio"/> No	▶ Check
Spousal Applicant	<input type="radio"/> Yes <input type="radio"/> No	

# C Declaration and Authorization to Obtain & Release Information

**PLEASE NOTE:** LIFEPLAN 100 IS DESIGNED AS SUPPLEMENTARY INSURANCE ONLY AND MAY NOT BE PURCHASED TO REPLACE EXISTING COVERAGE.

**USES OF YOUR PERSONAL INFORMATION:** When you apply for coverage under the OTIP LifePlan100 Plan, underwritten by ACE INA Life Insurance (“ACE Life”), the information in ACE Life’s existing insurance files and the information requested in connection with your application is required by ACE Life, its reinsurers and authorized agents to process your application, and if approved, administer your insurance policy, assess coverage and claims. ACE Life will create a file with your information consisting of information received from you and other sources. In the event of a claim, the information collected will be used for the purpose of considering your claim and administering benefits. Access to this file will be restricted to those ACE Life employees, authorized agents and reinsurers who require access to administer the Plan and process claims and other persons where authorized by law. You may request to review your personal information in this file or request to make a correction by writing to: The Privacy Officer; ACE INA Life Insurance, 25 York Street, Suite 1400, Toronto, ON M5J 2V5. From time to time there may be additional or enhanced OTIP-sponsored ACE Life 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. If you do not wish your personal information to be used by ACE Life for this optional purpose, please tick here:

Check

**YOUR DECLARATION:** I hereby declare that the above answers and statements are complete and true and I understand that concealment, misrepresentation or false declaration concerning this application will cause any policy to be void. I understand and agree that any coverage issued as a result of this application shall not take effect until this application is approved by ACE Life.

**YOUR AUTHORIZATION:** I, the undersigned, authorize, for a period of not less than twelve and not more than twenty-four months from the date hereof, any physician, practitioner, health care provider, hospital, health care institution, and any other medical or medically related facility, any insurance or reinsurance company, workers compensation board or similar plan or organization, federal, territorial or provincial government department, or any other corporation or organization, institution or association, to release and exchange with ACE Life, or representatives thereof, all personal health information about me, or any other information or records about me, in connection with my application to ACE Life for insurance.

I agree that a photocopy or electronic copy of this authorization shall be as valid as the original.

Fill Out

Signed at \_\_\_\_\_ this \_\_\_\_\_ day \_\_\_\_\_ of 20 \_\_\_\_\_

Applicant’s Signature \_\_\_\_\_

Applicant’s Name (Please Print) \_\_\_\_\_

Spousal Applicant’s Signature \_\_\_\_\_

Spousal Applicant’s Name (Please Print) \_\_\_\_\_

D

## Payment Information

### Pre-Authorized Debit (PAD) *Attach a void cheque*

Fill Out

I have attached a void cheque.

I authorize ACE INA Life Insurance and the financial institution designated to begin deduction of premium for LifePlan 100 in the amount of \$ \_\_\_\_\_  
(*Your monthly premium*) to be charged on or about the first business day of each month to the account shown on the attached void cheque.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Secondary signature required on joint account.*

I have waived the right to pre-notification at least 10 days before my first PAD; however ACE INA Life Insurance will send me written notice identifying the new amount at least 10 days before each and any change in the amount of my PAD, with the exception of a reduction in tax rate. I may revoke my authorization at any time in writing or by phone, subject to a 30 day notice.

To obtain a sample cancellation form or for information on my right to cancel a PAD agreement, I may contact my financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca). I have certain recourse rights if any PAD does not comply with this agreement. For example, I have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD agreement. To obtain more information on my recourse rights, I may contact my financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).

— or —

### Credit Card

I authorize premiums for LifePlan 100 to be charged to the following account:

VISA  MASTERCARD

Account #: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

A

## Applicant

Mr.  Mrs.  Ms.

Date of Birth DD / MM / YYYY

Fill Out

Last Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

First Name \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_

Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Telephone \_\_\_\_\_ Best time of day to call  AM  PM

E-mail \_\_\_\_\_

Beneficiary's Name \_\_\_\_\_

Affiliation of Applicant  ETFO  OECTA  OSSTF  AEFO

ADFO  CPCO  OPC  OTHER \_\_\_\_\_

Have you used any form of tobacco or nicotine product (including the nicotine patch) in the past 12 months?  Yes  No

### Choose your Level of Coverage [Applicant]

\$250,000  \$200,000  \$150,000

\$100,000  \$50,000  \$25,000

## Spousal Applicant *(to be completed by spouse)*

Mr.  Mrs.  Ms.

Date of Birth DD / MM / YYYY

Fill Out

Last Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

First Name \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_

Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Telephone \_\_\_\_\_ Best time of day to call  AM  PM

E-mail \_\_\_\_\_

Beneficiary's Name \_\_\_\_\_

Affiliation of Applicant  ETFO  OECTA  OSSTF  AEFO

ADFO  CPCO  OPC  OTHER \_\_\_\_\_

Have you used any form of tobacco or nicotine product (including the nicotine patch) in the past 12 months?  Yes  No

### Choose your Level of Coverage [Spousal Applicant]

\$250,000  \$200,000  \$150,000

\$100,000  \$50,000  \$25,000





<b>CANADA</b>	<b>POSTES</b>
<b>POST</b>	<b>CANADA</b>
Postage paid if mailed in Canada	Port payé si posté au Canada
<b>Business Reply Mail</b>	<b>Correspondance- réponse d'affaires</b>
<b>0002042541</b>	<b>01</b>



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OTIP LIFEPPLAN 100  
PO BOX 160 STN WATERLOO  
WATERLOO ON N2J 9Z9

PLAN DE VIE 100 DU RAFO  
CP 160 SUCC WATERLOO  
WATERLOO ON N2J 9Z9

For over 30 years, OTIP has been serving Ontario's education community with reliable, affordable insurance solutions. We have specialized products and hours of service designed with your needs in mind.

### Our products and services include:

- Home & Auto
- Life
- Critical Illness
- Long Term Care
- Retiree Health, Travel and Dental



OTIP RAEO®

Insurance solutions for the  
education community

Home | Auto | Life | Living Benefits

1-888-398-6847

[www.otip.com](http://www.otip.com)

**PRIVACY NOTICE:** When you apply for coverage under OTIP's LifePlan 100, the insurer, ACE INA Life Insurance ("ACE Life"), 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 Life's Privacy Policy at [www.ace-ina-canada.com/pdf/main/privacy\\_policy.pdf](http://www.ace-ina-canada.com/pdf/main/privacy_policy.pdf) or call 1-877-534-3655 to request a copy. From time to time there may be additional or enhanced OTIP-sponsored ACE Life 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 OTIP at 1-888-398-6847 to communicate your preference or if applying, indicate your preference on the application form.

The OTIP LifePlan 100 insurance plan is underwritten by ACE INA Life Insurance and distributed by OTIP.

This brochure has been designed to outline the benefits for which you may be eligible under the OTIP LifePlan 100 insurance plan. It is for informational purposes only and does not replace the policy contract. Please refer to the OTIP LifePlan 100 insurance policy for full details of the coverage, an explanation of benefits, including but not limited to the definitions, benefit amounts, exclusions and limitations, as these may limit the benefits available. In all cases, it is the terms of your OTIP LifePlan 100 Insurance policy issued by ACE INA Life Insurance that will govern.