



Plan ahead for long
term protection.



OTIP LifePlan 80 is underwritten by ACE INA Life Insurance

T80 0410

A young woman with voluminous curly brown hair is smiling warmly at the camera. She is wearing a white t-shirt and is holding a tall stack of approximately ten books with colorful spines (blue, red, yellow, green, orange). The background is a bright, out-of-focus window with white frames.

LifePlan

80

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. 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 early retirement, or you may be looking forward to teaching until you're 65.

No matter what lies ahead, it's important to remember that your current group life insurance plan won't always be there for you. That's why it's smart to extend your coverage for the years ahead.

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.

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.

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.



A plan that helps answer your questions.

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, \$75,000, \$100,000 or \$150,000.

Will my premiums ever increase?

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

What happens when I die?

Benefits are paid to your named beneficiary.

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?

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
- 2) on the next premium due date following your 80th birthday
- 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 80 coverage begins, the lower your monthly premiums will be.

Male Non-Smoker

Age	20-24	25-29	30-34	35-39	
\$25,000	\$8.17	\$9.63	\$11.61	\$14.29	
\$50,000	\$16.03	\$18.87	\$22.76	\$28.02	
\$75,000	\$23.56	\$27.74	\$33.46	\$41.18	
\$100,000	\$30.77	\$36.24	\$43.71	\$53.79	
\$150,000	\$44.23	\$52.09	\$62.83	\$77.33	

Male Smoker

Age	20-24	25-29	30-34	35-39	
\$25,000	\$13.70	\$16.96	\$21.36	\$27.30	
\$50,000	\$26.85	\$33.25	\$41.88	\$53.53	
\$75,000	\$39.48	\$48.88	\$61.57	\$778.68	
\$100,000	\$51.56	\$63.84	\$80.42	\$102.77	
\$150,000	\$74.12	\$91.77	\$115.60	\$147.73	

Female Non-Smoker

Age	20-24	25-29	30-34	35-39	
\$25,000	\$5.42	\$6.52	\$7.92	\$9.77	
\$50,000	\$10.63	\$12.78	\$15.53	\$19.15	
\$75,000	\$15.62	\$18.79	\$22.83	\$28.15	
\$100,000	\$20.40	\$24.55	\$29.82	\$36.77	
\$150,000	\$29.33	\$35.28	\$42.87	\$52.85	

Female Smoker

Age	20-24	25-29	30-34	35-39	
\$25,000	\$8.82	\$10.99	\$13.77	\$17.34	
\$50,000	\$17.29	\$21.56	\$26.99	\$34.00	
\$75,000	\$25.42	\$31.69	\$39.68	\$49.99	
\$100,000	\$33.20	\$41.39	\$51.83	\$65.29	
\$150,000	\$47.73	\$59.50	\$74.50	\$93.85	

	40-44	45-49	50-54	55-59	60-65
	\$17.91	\$22.56	\$28.29	\$34.90	\$41.17
	\$35.12	\$44.24	\$55.47	\$68.44	\$80.72
	\$51.62	\$65.03	\$81.54	\$100.60	\$118.66
	\$67.42	\$84.93	\$106.50	\$131.40	\$154.98
	\$96.92	\$122.09	\$153.09	\$188.88	\$222.79

	40-44	45-49	50-54	55-59	60-65
	\$35.31	\$45.51	\$57.75	\$71.00	\$82.18
	\$69.24	\$89.24	\$113.24	\$139.23	\$161.14
	\$101.79	\$131.18	\$166.47	\$204.66	\$236.88
	\$132.95	\$171.33	\$217.42	\$267.31	\$309.39
	\$191.11	\$246.29	\$312.55	\$384.26	\$444.75

	40-44	45-49	50-54	55-59	60-65
	\$12.10	\$15.08	\$18.88	\$23.45	\$28.33
	\$23.73	\$29.57	\$37.01	\$45.99	\$55.55
	\$34.89	\$43.47	\$54.41	\$67.60	\$81.66
	\$45.57	\$56.78	\$71.06	\$88.30	\$106.66
	\$65.51	\$81.63	\$102.16	\$126.93	\$153.32

	40-44	45-49	50-54	55-59	60-65
	\$21.73	\$27.03	\$33.34	\$40.38	\$47.02
	\$42.61	\$53.00	\$65.37	\$79.17	\$92.20
	\$62.64	\$77.91	\$96.10	\$116.39	\$135.53
	\$81.81	\$101.76	\$125.51	\$152.02	\$177.02
	\$117.61	\$146.28	\$180.43	\$218.52	\$254.47

No medical exam needed to apply.

LifePlan 80 is available to all 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!

The insurance benefits paid out to your named beneficiary by LifePlan 80 are not subject to income tax under current Canadian law.





Give your loved ones the protection they need.

LifePlan 80 lets you plan for the future while helping you feel confident that 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.

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. 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 today!

Check

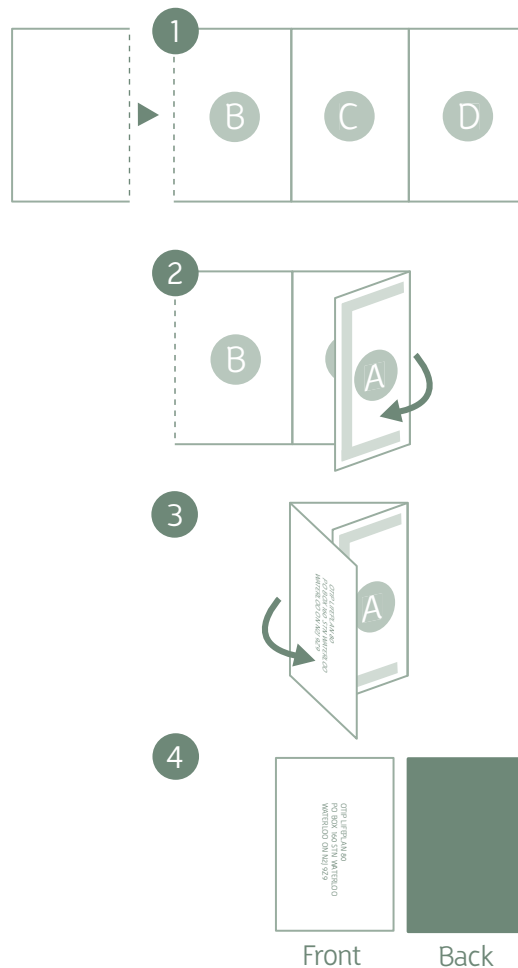
To avoid unnecessary delays in your application, be sure to complete all fields.

Preparing and mailing your application:

Fill out all the appropriate information on the attached application, detach it from this brochure, close as indicated and drop it in the mail.

Sending your application is easy:

1. Detach your application along the perforated line.
2. Fold your application as shown so that the green panel and address panel are on the outside.
3. Moisten the glue panels on the Applicant page and adhere to the Medical Questions page as shown.
4. Ensure your application is closed securely.
5. Drop your application into any registered mailbox within Canada.
6. We will contact you once we receive your application (*usually within 6 – 8 business days from the day you drop your application in the mail*).



B Medical Questions

Within the last 5 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	<input type="radio"/> Yes	<input type="radio"/> No
Spousal Applicant	<input type="radio"/> Yes	<input type="radio"/> No

Check

Within the last 5 years have you been hospitalized, home-confined or in a nursing facility? If yes, please attach full details.

To be completed by the:

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

Check

Within the last 5 years 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
Spousal Applicant	<input type="radio"/> Yes	<input type="radio"/> No

Check

Within the last 5 years 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
Spousal Applicant	<input type="radio"/> Yes	<input type="radio"/> No

Check

Within the last 5 years 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
Spousal Applicant	<input type="radio"/> Yes	<input type="radio"/> No

Check

C Declaration and Authorization to Obtain & Release Information

PLEASE NOTE: LIFEPLAN 80 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 LifePlan80 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: 

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) _____



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 80 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. 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.

— or —

Credit Card

I authorize premiums for LifePlan 80 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]

\$150,000 \$100,000 \$75,000

\$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]

\$150,000 \$100,000 \$75,000

\$50,000 \$25,000





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



1000064195-N2J3Z9-BR01



OTIP LIFEPPLAN 80
PO BOX 160 STN WATERLOO
WATERLOO ON N2J 9Z9

PLAN DE VIE 80 DU RAE0
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

PRIVACY NOTICE: When you apply for coverage under OTIP's LifePlan 80, 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%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 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 80 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 80 insurance plan. It is for informational purposes only and does not replace the policy contract. Please refer to the OTIP LifePlan 80 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 80 insurance policy issued by ACE INA Life Insurance that will govern.