

To avoid delays, please complete the required information by printing clearly in ink.

1. PLAN MEMBER INFORMATION

Group _____ Account _____

Group Name _____

Plan Member _____
First Name Initial Last Name

Occupation _____ Hire Date _____
MMM/DD/YYYY

Reason for request _____

1. Did you have coverage with another insurance company prior to your date of hire with the current employer? Yes No

2. What was the name of your previous insurer? _____

3. State the period of time that you were insured by this company _____ to _____
MMM/DD/YYYY MMM/DD/YYYY

4. What coverage did you have under your previous plan?
(ie. Life insurance, AD&D, Extended Health, Dental Care, Long Term Disability, etc)

If yes, please list: _____

2. PRIVACY & SIGNATURE

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)

I hereby apply for waiver of the waiting period as required under the group policy of insurance. I declare that the information contained herein is true, complete and accurate and understand that the submission of false or incomplete information may result in denial of coverage or the delay or denial of any claim. I understand such information is necessary to determine eligibility for coverage, adjudicate all claims and administer the group benefits plan. Any copy of this authorization shall be as valid as the original.

Signature _____ Date _____
(Plan Member's Signature) MMM/DD/YYYY

Signature _____ Date _____
(Employer's Signature) MMM/DD/YYYY

Retain a copy for your records.