

## MAILING ADDRESS

Mail: Co-operators Life Insurance Company  
Group Medical Underwriting  
1920 College Avenue  
Regina SK S4P 1C4

Fax: 1-866-889-9924

## INSTRUCTIONS

Please complete the required information by printing clearly in ink to avoid delays.  
You will receive written confirmation of your change request.

## 1. PLAN MEMBER INFORMATION

**To be completed by the  
Plan Member**

Group \_\_\_\_\_ Account \_\_\_\_\_ Certificate \_\_\_\_\_

Plan Member \_\_\_\_\_  
First Name Initial Last Name

\*Spouse (only if status change is  
required for Dependent Optional  
Group Life coverage)

Spouse\* \_\_\_\_\_  
First Name Initial Last Name

Address \_\_\_\_\_  
Street City Province Postal Code

Date of Birth \_\_\_\_\_  Male  Female  
MMM/DD/YYYY

\*\*Tobacco products include:  
any form of tobacco, marijuana,  
nicotine products or nicotine  
substitutes.

No  
I certify as a true fact that I have not used tobacco products\*\* during the 12 month period immediately preceding the date written beside my signature below.

Yes  
I certify as a true fact that I have used tobacco products\*\* during the 12 month period immediately preceding the date written beside my signature below.

## 2. PRIVACY

### 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](http://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](mailto:privacy@cooperators.ca) (please indicate Co-operators Life Insurance Company in your inquiry)

## 3. PLAN MEMBER SIGNATURE

**To be signed by the Plan Member  
and Spouse (if applicable)**

I declare and certify that I am aware Co-operators Life Insurance Company is relying on the representations I make in this declaration to classify me as a Smoker/Non-Smoker and to set the premiums I pay for my life insurance. I am aware that, in the event I have misrepresented my status as a Smoker/Non-Smoker, Co-operators Life Insurance Company may be entitled to void my life insurance policy(ies).

Plan Member Signature \_\_\_\_\_ Date \_\_\_\_\_  
MMM/DD/YYYY

Spouse Signature (if applicable) \_\_\_\_\_ Date \_\_\_\_\_  
MMM/DD/YYYY