



**CHRISTIAN SCHOOLS
INTERNATIONAL**

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CSI CANADA INSURANCE PLAN AND TRUST FUND

OPTIONAL LIFE INSURANCE PROGRAM

Information and Application Form

INSTRUCTIONS FOR CSI APPLICANTS:

1. Complete the other side of this Application Form.
2. Complete pages 1 – 3 of the attached Statement of Health.
3. Return the original forms to the CSI-Canada Insurance Plan office to the above address.
4. CSI will then forward it to Manulife Financial.
5. Manulife Financial evaluates the completed statement, if it is approved they establish the effective date.

OPTIONAL LIFE INSURANCE INFORMATION

Optional Life Insurance under the CSI Canada Insurance Plan:

- affords insured employees the opportunity to purchase additional straight life insurance coverage for themselves and/or their spouses at group rates and therefore at minimal cost.
- is offered in units of \$10,000 (1 unit) with a maximum of \$500,000 (50 units).
- allows the employee to purchase the first \$10,000 without submitting a Statement of Health, if applying within the first 31 days of becoming eligible. A Statement of Health is required for all spousal Optional Life insurance.
- becomes effective the date Manulife Financial establishes, and billing begins the first of the month following the effective date. All premium payments are made through the school by payroll deduction.
- calculates premium based on age as of March 1. When age increases to a new bracket, new premiums are effective September 1 of that Plan year.
- calculates spouse's premium based on the age of the policyholder.
- is underwritten by Manulife Financial.

Age	ONTARIO*		ALL OTHER PROVINCES	
	Monthly rate per \$10,000 of benefit		Monthly rate per \$10,000 of benefit	
	Non-Smoker	Smoker	Non-Smoker	Smoker
Under 35	\$.40	\$.80	\$.40	\$.70
35-39	\$.50	\$ 1.00	\$.50	\$.90
40-44	\$.90	\$ 1.60	\$.80	\$ 1.50
45-49	\$1.50	\$ 2.80	\$1.40	\$ 2.60
50-54	\$2.50	\$ 4.20	\$2.30	\$ 3.90
55-59	\$4.10	\$ 6.90	\$3.80	\$ 6.40
60-64	\$5.90	\$ 9.80	\$5.50	\$ 9.10
65-69	\$7.70	\$13.80	\$7.20	\$12.80

*Ontario rates include the 8% Retail Sales Tax.

OPTIONAL LIFE APPLICATION FORM

	Employee	<input type="checkbox"/> Non-Smoker	Spouse	<input type="checkbox"/> Non-Smoker
		<input type="checkbox"/> Smoker		<input type="checkbox"/> Smoker
Current Optional Life coverage (if any):	\$ _____		\$ _____	
Additional Amount requested:	\$ _____		\$ _____	
School Name _____	City, Province _____			
◆ Employee Name _____	Birth Date _____	S.I.N. _____		
Employee Signature _____	Date _____, 20 ____			
◆ Spouse Name _____	Birth Date _____			
Spouse Signature _____	Date _____, 20 ____			

NOTE: If you are eligible for non-smoker rates at this time and you start smoking in the future, you must advise the CSI Canada Insurance Plan office and your premium rate will be adjusted accordingly. If you fail to do so, and your beneficiary claims for benefits, the insurance company may not honour the claim and instead may simply refund the premiums paid.