OPP ASSOCIATION GROUP INSURANCE FORM

OPP Insured Benefits Policy #s: 044501/006772
OPP/OPPA Insurance Policy #s: 158009, 335354/55/56, 167997, 056/022557A/022558A, 100009152, 056CI/024565A

Section 1. MEMBER INFORMATION:

☐ **New Application** ☐ **Change**

☐ **UNIFORM**	☐ **CIVILIAN**	☐ **RETIREE**
Last Name	**First Name**	**Middle Initial**
Home Address **Street:** **City:** **Province:** **Postal Code:**		**Date of Birth (dd/mm/yy)**
Main Telephone Number: ☐ Cell ☐ Home ☐ Work _____		
Alternate Telephone Number: ☐ Cell ☐ Home ☐ Work _____		
Personal E-mail Address:		
OPP WIN # (Active):	**OPB Client ID# (Retiree):**	**SIN:**
Gender:	☐ Male ☐ Female	

Section 2. REASON FOR CHANGE/LIFE EVENT

Life events include - marriage, cohabitation, divorce/marital breakdown, birth, adoption, or death of a dependent.
Please check the appropriate reason(s)

☐ **Marriage**	☐ **Separation - Marriage**	☐ **Birth**	☐ **Legal Change/Other (please specify)**
☐ **Cohabitation**	☐ **Divorce**	☐ **Adoption**	
	☐ **Separation - Cohabitation**		
Date (dd/mm/yy)	Date (dd/mm/yy)	Date (dd/mm/yy)	_____
_____	_____	_____	_____

Section 3. INSURED BENEFIT INFORMATION

Member	**Health/Vision/Drugs:**	☐ Single	☐ Family	☐ None
	Dental Plan:	☐ Single	☐ Family	☐ None

Co-ordination of Benefits (COB):
Do you or any insured member of your family have coverage through other group benefit plans?

☐ **Yes**

Is the Policyholder: ☐ OPPA Member ☐ Spouse ☐ Other* Name of Policyholder: _____

Policyholder Date of Birth (dd/mm/yy): _____ Effective Date: _____

Coverage included: ☐ Drugs ☐ Health ☐ Vision ☐ Dental **Status:** ☐ Single ☐ Family

☐ **No**

IF Removing COB - Was the Policyholder: ☐ OPPA Member ☐ Spouse ☐ Other

Name of Policyholder: _____ Effective Date: _____

*** Special Co-ordination of Benefits ONLY:**
If eligible dependent children have additional coverage other than the OPPA member and eligible spouse on file, provide details of coverage including order of payment.

Parent's Name: _____ Date of Birth (dd/mm/yy): _____

Is coverage currently in place: ☐ Yes ☐ No **Coverage Included**: ☐ Drugs ☐ Health ☐ Vision ☐ Dental

Name(s) of Dependents eligible: _____

Section 4. DEPENDENT INFORMATION

Relationship To Employee	Add/Change/ Remove	Last Name	First Name	Date of Birth (dd/mm/yy)	Gender	If dependent child is 21 years of age or older	
☐ Married ☐ Common law	☐ Add ☐ Change ☐ Remove				☐ Male ☐ Female	**Full-time Student**	**Disabled**
Dependent Child	☐ Add ☐ Change ☐ Remove				☐ Male ☐ Female	☐ Yes ☐ No	☐ Yes ☐ No
Dependent Child	☐ Add ☐ Change ☐ Remove				☐ Male ☐ Female	☐ Yes ☐ No	☐ Yes ☐ No
Dependent Child	☐ Add ☐ Change ☐ Remove				☐ Male ☐ Female	☐ Yes ☐ No	☐ Yes ☐ No
Dependent Child	☐ Add ☐ Change ☐ Remove				☐ Male ☐ Female	☐ Yes ☐ No	☐ Yes ☐ No
Dependent Child	☐ Add ☐ Change ☐ Remove				☐ Male ☐ Female	☐ Yes ☐ No	☐ Yes ☐ No

***Note**: Sections 5 through 9 – Active members on a leave of absence due to illness/disability (WSIB and/or LTIP) or Retired members cannot add or increase insurances.*

Section 5. MEMBER LIFE INSURANCE

OPP Basic Life	• Active – 1x salary (no cost)	Retired - $2,000 (no cost)	☐ Waived (Irrevocable if waived)		
OPP Supplementary Life - Optional *	Active $0.30/$1,000/month Retired $0.30/$1,000/month	☐ 1x Salary	☐ 2x Salary	☐ 3x Salary	☐ None
OPPA Basic Life & AD&D $10,000 each	Active – no cost Retired – no cost	• Yes			
OPPA Basic Life & AD&D Increase – Optional * $10,000 each	Active - $3.30/month Retired - $3.30/month	☐ Yes	☐ No		
OPPA Life $20,000	Active - $7.23/bi-weekly Retired - $15.72/month	• Yes	Mandatory for active members Optional for retirees		
OPPA Basic Retiree AD&D $25,000	Active – N/A Retired – no cost	• Yes			

*Subject to approval through Evidence of Insurability, if applied for after 31 days of Hire/Life Event.

Section 6. DEPENDENT LIFE INSURANCE

OPP Dependent Life – Optional $2,000 (spouse) / $1,000 (child)	☐ One dependent $0.15/month	☐ More than one dependent $0.30/month	☐ None
OPPA Dependent Life – Optional * $6,000 per dependent	Active – no cost Retired - $1.40/month	☐ Yes	☐ No
OPPA Spousal Life - Optional Active – monthly Retired – monthly Spousal Evidence of Insurability always required. Form 400 available at www.oppa.ca	☐ OPTION A: $30,000	☐ OPTION B: $60,000	

OPTION A: $30,000

Age		
	Under 40	$1.67/mth
	40 – 44	$3.33/mth
	45 – 49	$5.48/mth
	50 – 54	$8.34/mth
	55 – 59	$14.31/mth
	60 – 64	$20.98/mth
	65 – 69	$15.85/mth
	(65+ eligible for $15,000.00)	

OPTION B: $60,000

Age		
	Under 40	$3.34/mth
	40 – 44	$6.67/mth
	45 – 49	$10.97/mth
	50 – 54	$16.69/mth
	55 – 59	$28.62/mth
	60 – 64	$41.96/mth
	65 – 69	$31.70/mth
	(65+ eligible for $30,000.00)	

*Spouse Only: Subject to approval through Evidence of Insurability, if applied for after 31 days of Hire/ Life Event.
Note: Stepchildren are eligible when their parent is eligible.

Section 7. OPTIONAL ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D) PLAN

Coverage available in plans for Member Only or Member & Family from $50,000 to $500,000 in $25,000 units.

☐ New Insurance ☐ Change in Coverage ☐ Cancel Insurance	☐ Member Only Coverage ☐ Member & Family Coverage	Amount of Coverage: $50,000 to $500,000 in $25,000 increments $ _____

If there is eligibility through more than one OPPA member, the combined maximum benefit for Accidental Death is $500,000/member and $75,000/child.

Rates are based on the amount of coverage and type of plan, below are a few examples of coverage and cost (amounts are monthly and 8% Ontario premium tax will be added to amounts shown below)

Member only plan	($0.056/$1,000)	$50,000 ; $2.80	$100,000 ; $5.60	$250,000 ; $14.00	$500,000 ; $28.00
Member/Family plan	($0.074/$1,000):	$50,000 ; $3.70	$100,000 ; $7.40	$250,000 ; $18.50	$500,000 ; $37.00

Please refer to the AD&D Plan Overview and Booklet which can be found in the Member benefit services area of the OPPA website www.oppa.ca for information regarding policy coverages, terms, conditions, exclusions and premium details.

Section 8. OPTIONAL CRITICAL ILLNESS INSURANCE PLAN

Coverage for 31 medical conditions for Member & Spouse ($5,000 to $250,000) and 16 medical conditions for children ($5,000 to $25,000)

☐ New Insurance ☐ Increase in Insurance	☐ Decrease in Insurance* ☐ Cancel Insurance* ***Decrease or cancellation letter must be received to process changes and corresponding deductions, please contact Target Benefits at 1-888-660-6055 or target@wlvinc.com**

☐ **MEMBER** ☐ Smoker ☐ Non-Smoker	Amount of Coverage between $5,000 to $250,000 in $5,000 increments $_____ Premium details in Plan Overview	**$5,000 - $50,000** added directly as Guaranteed Issue. **Over $50,000** medical approval required Form 500 Critical Illness Medical Application is available from the Member benefit services section of the OPPA website or through Target Benefit Administrators.
Coverage is only available to spouse and children in amounts less than or equal to the amount of coverage on member.		
☐ **SPOUSE** ☐ Smoker ☐ Non-Smoker ☐ Male ☐ Female Name_____ Date of Birth (dd/mm/yy): _____	Amount of Coverage: $5,000 to $250,000 in $5,000 increments $_____ Premium Details in Plan Overview	**$5,000 - $25,000** added directly as Guaranteed Issue. **Over $25,000** medical approval required Form 500 Critical Illness Medical Application is available from the Member benefit services section of the OPPA website or through Target Benefit Administrators.
☐ **CHILD(REN)**	Amount of Coverage ☐ $ 5,000 ($3.14) per month ☐ $10,000 ($6.28) ☐ $15,000 ($9.42) ☐ $20,000 ($12.56) ☐ $25,000 ($15.70)	The bi-weekly premium for children applies to all eligible dependent children on file. NOTE: Maximum coverage is $25,000/child even if there is eligibility through more than one OPPA member.

Member's signature_____ **Date**_____ *This section applies to Critical Illness only.*

Rates are based on age, gender and smoking status below are a few examples of coverage and cost (amounts are monthly and 8% Ontario premium tax will be added to amounts shown below)

Female, age 30, non-smoker:	$50,000	$9.70	Female, age 35, smoker:	$50,000	$18.30
Male, age 30, smoker:	$50,000	$10.90	Male age 30, non-smoker:	$50,000	$8.80

Please refer to the Critical Illness Plan Overview and Booklet which can be found in the Member benefit services area of the OPPA website www.oppa.ca for information regarding policy coverages, terms, conditions, exclusions and premium details.

Section 9. APPOINTMENT OR CHANGE OF BENEFICIARY(IES) *(please use reverse of form or separate page if more space is needed)*

Beneficiary designations will be the same on ALL OPP/OPPA Policies unless you indicate NO.	☐ No **If NO, please complete Multiple Beneficiary Designation form**

Primary Beneficiary(s): if designating percentages, they must equal 100% to be valid

Last Name	First Name	Initial	Date of Birth (dd/mm/yy) (if under 18 yrs.)	Relationship to Employee	Percentage (must total 100% or Amount)
1.					
Contact Information: Email:				Phone/Cell:	
2.					
Contact Information: Email:				Phone/Cell:	
3.					
Contact Information: Email:				Phone/Cell:	
4.					
Contact Information: Email:				Phone/Cell:	

Where Quebec law applies and you have designated your married spouse or civil union spouse as beneficiary, the designation will be Irrevocable unless you check the box marked "revocable"; *I hereby make the above beneficiary designation*: ☐ Revocable*, I may change this beneficiary at any time.

Contingent Beneficiary(s): if designating percentages, they must equal 100% to be valid

If there are no surviving beneficiaries at the time of my death, I declare that the following Contingent Beneficiary(s) shall receive the proceeds. If there are no surviving Contingent Beneficiary(s) at the time of my death, the proceeds shall be paid to my Estate. Unless I specify otherwise, my Contingent Beneficiary(s) will apply to all employee benefits which I have coverage. I revoke all previous Contingent Beneficiary(s) appointments.

Last Name	First Name	Initial	Date of Birth (dd/mm/yy) (if under 18 yrs.)	Relationship to Employee	Percentage (must total 100% or Amount)
1.					
Contact Information: Email:				Phone/Cell:	
2.					
Contact Information: Email:				Phone/Cell:	
3.					
Contact Information: Email:				Phone/Cell:	
4.					
Contact Information: Email:				Phone/Cell:	

Appointment of Trustee: (only required if a named beneficiary is under (18) years of age)

You may wish to appoint a trustee/administrator by completing this section.
If you are designating a trustee/administrator, it is recommended that you consult with a legal advisor and with any proposed trustee/administrator.

I hereby appoint the following trustee/administrator to receive and hold in trust, on behalf of any beneficiary, funds payable to the appointed beneficiary under this group insurance plan where, at the time payment is made, the beneficiary is a minor or otherwise lacks legal capacity. Any such payment will release but not limited to the insurance company or the Administrators of the Plan from further liability.

Last Name	First Name	Initial	Relationship to Employee
Contact Information: Email:			Phone/Cell:

**** For Quebec residents only** - Benefits payable under this plan to a beneficiary who, at the time of payment is to be made, is a minor or lacks legal capacity, will be paid to his/her tutor(s) or curator(s), unless a valid trust has been established for the benefit of the beneficiary, by Will or by separate contract, to receive any such payment and the insurance carrier has been provided notice of the trust. If a valid trust has already been established, designate the trust as a beneficiary in this section. Before designating a trust, you should seek legal advice.*

Section 10. PRIVACY

The Ontario Provincial Police Association, Target Benefits Administrators and the Insurers recognize and respect the importance of privacy. The personal information collected on this form is necessary to process your application. The information is required in order to ensure your eligibility for the benefit, that the payment of claims is correct, to respond to your questions and for audit purposes. Access to your file is limited to staff or persons authorized by us who require it to perform their duties, to persons to whom you have granted access and to persons authorized by law. The insurers may use service providers located within or outside Canada. Your personal information may be subject to disclosure to those authorized under applicable law within or outside Canada.

Section 11. AUTHORIZATION & DECLARATIONS

I authorize:

The Ontario Government & the Ontario Pension Board administrator to deduct the required premiums from my pay/pension; The use of my WIN ID or Client ID number as a unique identification number where it is required to protect employee privacy and confidentiality in the administration of the plan; Any health care provider, my plan administrator, administrators of government benefits or applicable service providers, to exchange personal information when necessary to determine my eligibility for coverage and to administer the plan; The insurers to use my social insurance number for tax reporting purposes and as an identification number where it is required in the administration of the plan; If applying for coverage for my spouse and/or dependent children, I certify my insurable interests and confirm that I am authorized to act on their behalf.

I certify that the information given is true, correct and complete to the best of my knowledge.

Signature of Member	Print Name	Date Signed (dd/mm/yy)

Inked or digital signature required for Beneficiary designations to be valid. Forms may be submitted via mail, facsimile, or by email.

OFFICE USE ONLY:

Date of Hire (dd/mm/yy)	OPP Association Effective Date of Coverage	OPP Effective Date of Coverage	Continuous Employment Date

Transfers of non-OPPA OPP/OPS Employee Groups to OPPA Membership

Non-OPPA Employee (OPP/OPS)	Regular Full time or RPT transfers from OPP/OPS only Supplementary and/or Dependent Life insurance in place on transfer date as confirmed by Ontario Shared Services
☐ Regular Full time ☐ Regular Part time (RPT) ☐ Fixed-term (FXT)	☐ SLI 1X ☐ SLI 2X ☐ SLI 3X ☐ NA ☐ DLI One ☐ DLI More than One ☐ NA

Signature of Authorized Official	Date Signed (dd/mm/yy)

Existing Active or Retired Members	New Hires/Transfers from Fixed-Term to Regular status within the OPP/Transfers from Fixed-Term or Regular status within the Ontario Public Service
Please forward the completed form to: Target Benefit Administrators 5100 Orbitor Dr., Suite #401 Mississauga ON L4W 4Z4 **Email:** targetforms@wlvinc.com **Fax: 416-740-2291**	**Please forward the completed form to:** Ontario Provincial Police Association 119 Ferris Lane Barrie ON L4M 2Y1 **Email:** benefits@oppa.ca
For Inquiries: **Phone#:** 416-740-1335 or 1-888-660-6055 **Email:** target@wlvinc.com	**For Inquiries:** **Phone#:** 705-728-6161 or & 1-800-461-4282 **Email:** oppa@oppa.ca **Website:** www.oppa.ca