



RBC Insurance®

GROUP REQUEST FOR CHANGE

(SHORT TERM DISABILITY, LONG TERM DISABILITY, LIFE, ACCIDENTAL DEATH & DISMEMBERMENT AND VOLUNTARY / OPTIONAL LIFE)

To the Employee: Complete this form for name changes, changes in dependent coverage, changes in coverage amounts, smoker status or beneficiary changes. If you are adding dependents because of marriage or birth of a child, complete this form within 31 days after the event.

To the Employer: For all changes send this form to RBC Insurance with your next premium payment.

(PLEASE PRINT OR TYPE - PRESS PEN FIRMLY)

COMPLETE NUMBERS 1 THROUGH 5 AND 12 FOR ALL CHANGES

1. NAME OF EMPLOYER		2. POLICY NUMBER(S)	3. BILLING DIVISION	
4. EMPLOYEE'S NAME (LAST, FIRST, MIDDLE INITIAL)			5. EMPLOYEE MEMBER NUMBER	

COMPLETE NUMBERS 6 AND 12 IF NAME HAS CHANGED

6. CHANGE EMPLOYEE'S NAME			AS OF (DATE)		
FROM	TO	REASON	MM	DD	YYYY

COMPLETE NUMBERS 7 AND 12 FOR CHANGES IN DEPENDENT COVERAGE (Basic Life Only)

7. DEPENDENT COVERAGE - CHECK THE APPROPRIATE STATEMENT Please discontinue dependent life for the following reason:

I would like to add dependent life coverage due to a change in dependent status brought forth by: Marriage Birth of Child Other _____

COMPLETE NUMBERS 8 AND 12 FOR CHANGES IN DEPENDENT COVERAGE (Voluntary Life Only)

8. I request that coverage be **added** under the Group Voluntary Plan for:

_____ Date: (mm/dd/yyyy) _____

Spouse/Marriage Date: (mm/dd/yyyy) _____ Spouse's Date of Birth: (mm/dd/yyyy) _____ Life Amount \$ _____
Attach completed Evidence of Insurability form.

Child/Birthdate: (mm/dd/yyyy) _____ Life Amount \$ _____
If requesting child coverage, more than 31 days after their date of eligibility, Evidence of Insurability form must be submitted with this application.

COMPLETE NUMBERS 9 AND 12 FOR DECREASING AMOUNT OR DISCONTINUING COVERAGE (Voluntary Life Only)

9. **Decrease** the amount or **Discontinue** coverage for: _____ Date of Decrease or Discontinuance: (mm/dd/yyyy) _____

Reason _____	Insured _____	Decrease Amount To: Life \$ _____	Discontinue Coverage For: Life _____
_____	<input type="checkbox"/> Self	\$ _____	<input type="checkbox"/> _____
_____	<input type="checkbox"/> Spouse	\$ _____	<input type="checkbox"/> _____
_____	<input type="checkbox"/> Children	\$ _____	<input type="checkbox"/> _____

COMPLETE NUMBERS 10 AND 12 FOR SMOKER/NON-SMOKER RATE CHANGE REQUEST (Voluntary Life Only)

10. Check one:

I have not smoked any cigarettes in the last 12 months. I have begun smoking cigarettes.

COMPLETE NUMBERS 11 AND 12 TO CHANGE BENEFICIARIES

11. To name more than one beneficiary or to name a contingent beneficiary, ask your plan administrator for assistance. This beneficiary change cancels and supersedes previous designations and may be changed upon written request.

BENEFICIARY DESIGNATION Applicable to Life

Beneficiary's Last Name	First Name	Initial	%	Relationship
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

If none of the above is living then pay _____

FOR RESIDENTS OF QUEBEC ONLY:
A spousal beneficiary designation is irrevocable unless you make the designation revocable by checking here.
REVOCABLE

Please read our privacy policy on the reverse side of this form.

12. Sign below for all changes
Employee's Signature **X** _____ Date _____ MM DD YYYY

COLLECTION AND USE OF PERSONAL INFORMATION

Collecting personal information

We (RBC Life Insurance Company) may from time to time collect information about the employer and the employees (collectively “clients”) such as:

- information establishing identity (for example, name, address, phone number, date of birth, etc.) and personal background;
- information related to or arising from the relationship with and through us;
- information provided through the application and claim process for any insurance products and services; and
- information for the provision of products and services.

We may collect information from the employer or the employee, either directly or through representatives. We may collect and confirm this information during the course of our relationship. We may also obtain this information from a variety of sources including hospitals, doctors and other health care providers, the MIB, Inc. the government (including government health insurance plans) and other governmental agencies, other insurance companies, financial institutions and motor vehicle reports. Health information will not be shared with the employer without the consent of the employee.

Using personal information

This information may be used from time to time for the following purposes:

- to verify the identity and investigate the background of the employer and employee;
- to issue and maintain insurance products and services that may be requested;
- to evaluate insurance risk and manage claims;
- to better understand the insurance situation of our clients;
- to determine eligibility for RBC insurance® products and services;
- to help us better understand the current and future needs of our clients;
- to communicate to our clients any benefit, feature and other information about RBC® products and services maintained with us;
- to help us better manage our business and the relationship with our clients; and
- as required or permitted by law.

For these purposes, we may make this information available to our employees, our agents and service providers, and third parties, who are required to maintain the confidentiality of this information.

In the event our service provider is located outside of Canada, the service provider is bound by, and the information may be disclosed in accordance with, the laws of the jurisdiction in which the service provider is located. Third parties may include other insurance companies, the MIB, Inc., and financial institutions.

We may also use this information and share it with RBC companies (i) to manage our risks and operations and those of RBC companies, (ii) to comply with valid requests for information about you from regulators, government agencies, public bodies or other entities who have a right to issue such requests, and (iii) to let RBC companies know our clients’ choices under “*Other uses of personal information*” for the sole purpose of honouring those choices.

If we have a client’s social insurance number, we may use it for tax related purposes and share it with the appropriate government agencies.

Please note that this paragraph is not applicable if this form is submitted by an independent representative or a representative that is attached to a firm other than RBC Insurance.

Other uses of personal information

- We may use this information to promote our products and services, and promote products and services of third parties we select, which may be of interest to our clients. We may communicate with our clients through various channels, including telephone, computer or mail, using the contact information the client has provided.
- We may also, where not prohibited by law, share this information with RBC companies for the purpose of referring our client to them or promoting products and services which may be of interest to our clients. We and RBC companies may communicate with our clients through various channels, including telephone, computer or mail, using the contact information the client has provided. The client acknowledges that as a result of such sharing they may advise us of those products or services provided.
- If the client also deals with RBC companies, we may, where not prohibited by law, consolidate this information with information they have about the client to allow us and any of them to manage the client's relationship with RBC companies and our business.

The client understands that we and RBC companies are separate, affiliated corporations. RBC companies include our affiliates which are engaged in the business of providing any one or more of the following services to the public: deposits, loans and other personal financial services; credit, charge and payment card services; trust and custodial services; securities and brokerage services; and insurance services.

The client may choose not to have this information shared or used for any of these “Other uses” by contacting us as set out below, and in this event, the client will not be refused insurance products or services just for that reason. We will never use or share health information for these purposes. We will respect our clients’ choices and, as mentioned above, we may share our clients’ choices with RBC companies for the sole purpose of honouring our clients’ choices regarding “Other uses of personal information”.

Right to access of personal information

Our clients may obtain access to the information we hold about them at any time and review its content and accuracy, and have it amended as appropriate; however, access may be restricted as permitted or required by law. To request access to such information, to ask questions about our privacy policies or to request that the information not be used for any or all of the purposes outlined in “Other uses of personal information” the employee may do so now or at any time in the future by contacting us at:

RBC Life Insurance Company
P.O. Box 515, Station A,
Mississauga, Ontario
L5A 4M3
Telephone: 1-800-663-0417
Facsimile: (905) 813-4816

Our privacy policies

Our clients may obtain more information about our privacy policies by asking for a copy of our “Straight Talk[®]” brochure about privacy, by calling us at the toll free number shown above or by visiting our web site at www.rbc.com/privacy.