



RBC Insurance®

Group LTD Conversion Facts

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.

Table of Contents

Section I	LTD Conversion Facts	2
Section II	Summary of LTD Conversion Benefits	3
Section III	How to Apply for LTD Conversion Coverage	5
Section IV	Calculating Premiums	6

Section I - LTD Conversion Facts

Eligibility:

If you have been covered for Long Term Disability benefits under a group LTD plan sponsored by your employer for at least 12 continuous months* and your employment terminates while insured with RBC Insurance, you may be eligible to convert and become insured under the RBC Insurance Group Long Term Disability Conversion Policy.

*You are eligible to purchase such coverage if this provision (or an equivalent provision) was part of your Group Long Term Disability coverage with your Employer (including under any policy which this policy replaced) for a continuous period of at least twelve (12) months to and including the date your employment with your Employer ended.

To be eligible to convert, your coverage must have ceased due to termination of your employment. If you become insured under another group plan within 31 days after termination and have already applied for conversion coverage you are required to notify RBC Insurance.

NOTE: If you are currently disabled under the terms of your group policy, you should apply for disability benefits *not* conversion.

Date of Eligibility:

You will be eligible for insurance on the day your coverage terminates under the group plan.

When Does Insurance Start?

Insurance will be effective at 12:01 a.m. on the day your coverage terminates, but only if your written application for insurance is:

1. on RBC Insurance's Application for Conversion of Long Term Disability Insurance;
2. made within the 31 day period after the date your employment ends; and
3. remittance of the first quarterly premium and application fee has been received.

Some Reasons Why You Cannot Convert:

The conversion privilege is not available to you if:

1. your insurance under the group plan terminates for any of the following reasons:
 - a. the group plan cancels;
 - b. the group plan is changed to exclude from coverage the class of employees to which you belong;
 - c. you no longer belong to a class of employees eligible for coverage under the group plan;
 - d. you retire; (You retire when you receive payment from the employer's retirement plan as recognition of past services, OR you have concluded your working career.)
 - e. you failed to pay any required premium due under this plan.
2. you are or become insured for long term disability insurance under another group insurance plan within 31 days after your employment ends.
3. you are disabled under the terms of the plan.
4. you recover from a disability and you do not return to work for your employer.
5. you are on a leave of absence.

Section II - Summary of LTD Conversion Benefits

Monthly Benefits

Your monthly benefit will be an amount equal to the lesser of:

1. the benefit percentage under your former employer's plan at the time of termination, less Items No. 1 and 2 as listed in the "Other Income Benefits" section of this conversion policy; or
2. 60% of basic monthly earnings, less Items No. 1 and 2 as listed in the "Other Income Benefits" section of this conversion policy; or
3. 85% of:
 - a. net (non-taxable) basic monthly earnings; or
 - b. gross (taxable) basic monthly earningsless Items No. 1 through 7 as listed in the "Other Income Benefits" section of this policy; or
4. the maximum monthly benefit.

NOTE: This benefit is subject to reductions for earnings as provided in the Monthly Benefit section of this policy.

*If the benefit percentage and maximum monthly benefit under the former plan are less than the above figures, the participant's coverage under the conversion policy will be equal to the former plan's benefit percentage and maximum monthly benefit.

Other Income Benefits are:

1. amounts you are eligible for under Workers' Compensation, or similar law;
2. any disability benefits you are eligible for or retirement benefits you receive under the Canada Pension Plan, the Quebec Pension Plan, or any similar plan or act.
3. where permitted by law, any disability income benefits you receive under any mandated motor vehicle insurance plan;
4. any disability income benefits you are eligible for under any compulsory benefit act or law;
5. any disability income benefits you are eligible for under:
 - a. any other group insurance plan including association and franchise, or
 - b. any government mandatory retirement system as a result of your job with any employer;
6. any disability or retirement benefits you receive under any employer's retirement plan;
7. any disability or retirement benefits from the Canada Pension Plan, the Quebec Pension Plan, or any similar plan or act that your spouse, child or children are eligible for because of your disability; or retirement benefits they receive because of your receipt of retirement benefits.

These other income benefits, except retirement benefits, must be payable as the result of the same disability for which the conversion policy pays a benefit.

"Disability" and "disabled" mean that because of injury or sickness:

1. The insured cannot perform each of the material duties of his regular occupation; or
2. After benefits have been paid for 24 months, the insured cannot perform each of the material duties of any gainful occupation for which he is reasonably fitted by training, education or experience.

Minimum Monthly Benefit:

The minimum monthly benefit is the greater of \$50.00 or 10% of the monthly benefit before deductions for other income benefits.

Elimination Period:

Conversion benefits will become payable after you have been disabled for 180 consecutive days.

Maximum Benefit Period:

Age at Disability	Maximum Benefit Period
Less than 64	To age 65
64 but less than 65	1 Year

Maximum Benefit Period for Partial Disability:

The monthly benefit for partial disability will not be paid beyond the earlier of the 24th month after the end of the elimination period, or the end of the above maximum benefit period.

Termination Provisions:

You will cease to be insured on the earliest of the following dates:

1. the date the conversion policy terminates;
2. the end of the period for which your last contribution for your conversion insurance has been paid; or
3. the date you retire. (You retire when you receive payment from any employer's retirement plan as recognition of past services, or you have concluded your working career.)

PLEASE NOTE: THIS IS NOT A CONTRACT OF INSURANCE

ONCE APPROVED, COMPLETE DETAILS OF COVERAGE INCLUDING EXCLUSIONS AND LIMITATIONS WILL BE EXPLAINED IN YOUR LONG TERM DISABILITY BENEFITS CONVERSION CERTIFICATE.

Section III - How to Apply for Long Term Disability Conversion Coverage

You must apply for LTD Conversion Coverage within 31 days of the date your group Long Term Disability Coverage cancelled.

Just follow these six steps:

1. Read Sections I and II. These pages outline eligibility requirements and benefits under our conversion policy. Please review these pages carefully to find out if you qualify for conversion coverage.
2. Have your employer fill out the section on the back of the **Application for Conversion of Long Term Disability Insurance** located in this pamphlet. Your application will not be processed if this section is not completed.
3. Complete the **Application for Conversion of Long Term Disability Insurance** located in this pamphlet.
4. Complete the **Evidence of Insurability** form if you are applying for the highest maximum benefit amount. The **Evidence of Insurability** form is available from your employer.
5. Calculate your quarterly premium amount, by following the instructions in Section IV on how to calculate your premium. **(Make cheque payable to: RBC Life Insurance Company.)**
6. Send the completed **Application for Conversion of Long Term Disability**, your first quarterly premium check, the \$30.00 non-refundable application fee and, if applicable, the **Evidence of Insurability** form to:

RBC Life Insurance Company
Group Customer Account Services
PO BOX 1800 STN B
Mississauga, Ontario
L4Y 3W6

NOTE: YOU MUST SUBMIT THE APPLICATION FEE AND YOUR FIRST QUARTERLY PREMIUM FOR YOUR APPLICATION TO BE PROCESSED.

Section IV - Calculating Premiums

Will Premium Payments Ever Change?

Your premium for your coverage will change:

1. when you reach a new age category as set forth in the schedule of premium rates;
2. when the schedule of premium rates is changed; or
3. when the terms of the conversion policy are changed.

We will make the premium adjustment on the billing statement covering the period in which the change occurs.

We will notify you in writing at least 31 days in advance of the date on which the premium rate change becomes effective.

Premium Rates for LTD Conversion Coverage:

Quarterly rates per \$100 of Monthly Benefit

Age	Quarterly Rate
Less than 25	\$1.75
25-29	2.65
30-34	4.06
35-39	6.27
40-44	7.69
45-49	11.34
50-54	18.01
55-59	22.20
60-64	22.33

Plus a one time non-refundable Application Fee: \$30.00.

How to Calculate Your premium:

Example: Quarterly premium for an individual age 30 with basic monthly earnings of \$2,000:
 $60\% \text{ of } \$2,000 = \$1,200; 1,200 \div 100 = 12; 12 \times \$4.06 = \$48.72$

Quarterly mode is the only premium frequency available. Rates are not guaranteed and may be changed at any time with a 31-day notice.

Premium Worksheet:

- A. Current Age _____
- B. Quarterly Rate (from premium rate chart, based on your age) _____
- C. Your last basic monthly earnings (see #15 on the Application for Conversion of Long Term Disability Insurance) under the group plan before termination \$ _____
- D. Take 60% of the last basic monthly earnings \$ _____. If this dollar amount exceeds \$4,000*, your benefit amount will be limited to \$4,000*. Insert \$4,000.

You may apply for a higher benefit limit by submitting the Evidence of Insurability Application from your employer.

If you apply and are approved, your premium will be adjusted on your next bill.

- E. Divide D by \$100 = \$ _____
- F. Multiply E by B = \$ _____ (This equals your quarterly premium amount.)

When applying for Conversion, please remit the amount in F, plus the \$30.00 non-refundable Application Fee.

*If your group plan's maximum monthly benefit was less than \$4,000, use the same maximum monthly benefit as the group plan.

If you have any questions, you may contact your Canadian RBC Insurance Sales Field Office or call the Conversion Unit, in Portland, Maine, U.S.A. at 1-800-421-0344.



RBC Insurance®

Application for Conversion of Long Term Disability Insurance

PLEASE PRINT OR TYPE ALL INFORMATION

To be Completed By The Employee

- **If you are currently disabled under the terms of your group policy, you should apply for disability benefits not conversion.**
- To apply for this coverage you must submit this completed application, the \$30.00 application fee and your first quarterly premium to RBC Insurance. **(Make cheque payable to: RBC Life Insurance Company.)**
- The application must be received by RBC Insurance within 31 days after termination of employment.
- If you become eligible for or covered under any other Group Long Term Disability policy within the 31-day period in which you must apply for this Conversion Privilege, you cannot convert to this coverage.
- The conversion privilege provision (or an equivalent provision) must have been part of your Long Term Disability coverage with your Employer for a continuous period of at least 12 months.

1.) Name (Last, First, Middle Initial)	2.) Sex M F	3.) Social Insurance Number
4.) Home Address (Street, City, Province, Postal Code)		5.) Date of Birth (MM/DD/YYYY) _ _ / _ _ / _ _ _ _

6.) Group LTD Plan Number _____

7.) Check the maximum monthly benefit you are applying for:

(See your Conversion Fact Book for further explanation.)

a. Standard Option = \$4,000

b. Higher Maximum Option = \$6,000

Option B is only available upon completion of an Application and Evidence of Insurability form and acceptance by RBC Life Insurance Company.

Note: If the maximum monthly benefit amount under the group plan from which you are converting is less than the above, then you will convert at that lesser amount.

The statements above are true to the best of my knowledge and belief, and I agree that they shall form a part of the contract of insurance applied for.

8.) Date At _____ On _____
City and Province
MM
DD
YYYY

Signature of Applicant _____

Upon approval of this application, a certificate of coverage will be sent directly to you at the address provided.

Note: Employer Must complete information required on reverse side.

To be Completed By The Employer

9.) Employer (Firm Name and Division)

10.) Address (Street, City, Province, Postal Code)

11.) Group LTD Plan Number

12.) Group LTD Plan Maximum Benefit

13.) Was the individual covered under your present Group Plan or under a combination of your present and prior Group Plans for at least 12 continuous months? Yes No

If yes, the individual's effective date:

14.) Date employee terminated employment: (The conversion coverage must be applied for and the first quarterly premium paid within 31 days of this date.) (MM/DD/YYYY)

__/__/____

15.) Employee's basic monthly earnings at time of termination

\$ _____

16.) Employee's Occupation at time of termination

17.) Reason for Employee termination:

18.) Is employee terminating employment as a result of retirement or leave of absence?

Yes No

If yes, the employee is not eligible for coverage under the terms of the contract.

19.) On what date did the insurance for the individual who is applying for conversion coverage terminate under your group Plan

__/__/____

20.) The date notice of Conversion Privilege was given to the employee:

__/__/____

21.) Employer Representative Signature

Date (MM/DD/YYYY) __/__/____

This Section is not a part of the application for conversion.

Note: Employee must complete the application on the reverse side.

Reminder

Send the following items to: RBC Life Insurance Company
Group Customer Account Services
PO BOX 1800 STN B
Mississauga, Ontario
L4Y 3W6

- **Application form which has been completed by both you and your Employer.**
- **Evidence of Insurability form (if applicable).**
- **Your first quarterly payment. (Make cheque payable to: RBC Life Insurance Company.)**
- **\$30.00 non-refundable application fee.**



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