



# Coverage After Release (CAR)



## Election Form

Group Policy # 901102

### 1. MEMBER INFORMATION

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Service Number (SN)	Rank	Surname	First Name	Initials
<input type="text"/>			<input type="text"/>	
Mailing Address			Home Phone #	
<input type="text"/>			<input type="text"/>	
PO Box, Rural Route, etc.			(circle) work/cell phone/pager #	
<input type="text"/>			<input type="text"/>	
City	Prov.	Postal Code	Email Address	

### 2. SPOUSAL INFORMATION

<input type="text"/>	<input type="text"/>	<input type="text"/>
Surname of Spouse or Former Spouse	First Name	Initials

### 3. OPTION 1 — COVERAGE AFTER RELEASE (CAR) - CONTINUE FULL AMOUNT OR PARTIAL AMOUNT

<u>Insured Member</u> — Continue Full Amount: _____ or Continue Partial Amount*: _____	<u>Insured Spouse</u> — Continue Full Amount: _____ or Continue Partial Amount*: _____
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I elect to extend Coverage After Release (CAR) beyond the certificate anniversary date for the insured person(s) indicated above. In doing so, I understand that the full life insurance coverage in force will remain in force unless subsequently modified by me; that there are no dismemberment or Waiver of Premium benefits available beyond age 65; and that no paid-up certificate will be subsequently available or issued. I also understand that, if coverage is maintained to age 74, all coverage will terminate automatically on the insured person's seventy-fifth (75th) birthday.

### 4. OPTION 2 — INSURANCE FOR RELEASED MEMBERS (IRM) - TRANSFER FULL AMOUNT OR PARTIAL AMOUNT

<u>Insured Member</u> — Transfer Full Amount: _____ or Transfer Partial Amount*: _____	<u>Insured Spouse</u> — Transfer Full Amount: _____ or Transfer Partial Amount*: _____
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I elect to transfer the portion of my current Coverage After Release (CAR) life insurance, as indicated above, to the Insurance for Released Members (IRM) Plan. In doing so, I understand that the amount of CAR coverage I have elected to transfer as of the date this form is signed will continue in force under the IRM Plan unless subsequently modified by me. I also understand that there are no Waiver of Premium Benefits and no Paid Up Certificates available or issued under the IRM Plan, and as such, any claim I may have had for either Waiver of Premium Benefits or a Paid Up Certificate under the portion of CAR coverage I am electing to transfer, will cease to exist on the date this form is received. I also understand that, where I elect to maintain coverage on an insured person for the maximum duration under the IRM Plan, such coverage will terminate automatically on the insured person's seventy-fifth (75th) birthday.

### 5. OPTION 3 — RECEIVE A PAID-UP CERTIFICATE (PUC)

I elect to receive a PUC valued at 10% of my coverage in effect after any continuations/transfers\* are actioned.

CAR—Member \$ \_\_\_\_\_
  CAR—Spouse \$ \_\_\_\_\_

If you are transferring any or all of your coverage to IRM, you must complete the Beneficiary Designation below. The beneficiary(ies) for any CAR coverage not transferred to IRM will remain the same.

### 6a. MEMBER COVERAGE—BENEFICIARY DESIGNATION

As the certificate holder, I hereby designate the following beneficiary(ies) for my IRM coverage. This beneficiary designation is revocable unless stated otherwise.  
**Note:** The designation of a spouse as beneficiary for Life Insurance by a member who **became a participant** while residing in the Province of Quebec, may be irrevocable if the member did not specify it to be revocable. In such a case a change of beneficiary cannot be made without the spouse's **written** permission. If you know this to be relevant in your case, please have your spouse sign Block 8 "Release of Beneficiary".

	Name (in full) of Persons or Institutions	Relationship to Certificate Holder	If Minors, Date of Birth * Day/Month/Year	Percentage of Proceeds (Indicate if Equal Shares)
Primary				%
Primary				%
Primary				%

(List Member's Contingent Beneficiaries on next page)

