

# Live.



Live with a plan that can help you and your loved ones.

**Municipal Retirees Organization Ontario**



## **Add comfort to your retirement years.**

During retirement, life insurance continues to play an important role.

In addition to assisting with any final expenses, funeral costs and taxes on your estate, life insurance can also be an effective way to:

- leave money to your favourite charity, church, school or other worthy cause;
- help with your grandchildren's education; or
- provide future financial assistance to a loved one.



## Enjoy life. MROO's working for you.

The Municipal Retirees Organization Ontario (MROO) was established in 1977 to give municipal retirees a voice in pension and health issues that directly affect you.

MROO's Guaranteed Issue Life Insurance Plan provides you with additional life insurance coverage once your employer-sponsored coverage ends, or your circumstances change. Its affordability and key features make it a real asset to your overall retirement plans:

- Individual or Joint and Survivor Coverage is available to you and your spouse, provided you are between the ages of 50 and 80 and are a resident of Canada.
- Coverage is guaranteed and no medical questionnaire is necessary.
- The Living Benefit provides a cash benefit to you to help cope with a terminal illness.
- Once enrolled, your premiums never go up.
- The Accidental Death benefit provides five times the benefit amount.
- Provided premiums are paid, only you can cancel your coverage.
- At age 90, no further premiums are required and you remain covered for life.
- Reduced premium rates are available for couples.
- You can save up to 40% as a non-smoker.



## **Organizations that support MROO.**

MROO is recognized and endorsed by a diverse cross-section of municipal associations including: Ontario Municipal Human Resources Association, Association of Municipal Managers, Clerks and Treasurers, The Association of Municipal Tax Collectors of Ontario, Association of Ontario Road Superintendents, Canadian Union of Public Employees (Ontario Division), Ontario Association of Children's Aid Societies, Ontario Association of School Business Officials, Ontario Public School Boards' Association, Ontario Separate School Trustees' Association, Ontario Association of Fire Chiefs and the Police Association of Ontario.

## WHAT YOU CAN COUNT ON UNDER THE GUARANTEED ISSUE LIFE INSURANCE PLAN

### JOINT AND SURVIVOR COVERAGE

#### **5% Premium Savings**

Choose Joint and Survivor coverage for you and your spouse and you will enjoy a special premium rate that is 5% less than the rate for individual coverage. You must each choose the same amount of coverage, available in units of \$2,500 (a minimum of 2 to a maximum of 8 units).

Under Joint and Survivor Coverage, when the first death occurs, the beneficiary will receive the face amount of your policy. The premium for the surviving spouse will be reduced to his or her individual premium rate at the date of enrollment, less 5%.

### LIVING BENEFIT

#### **Cash Benefit for the Terminally Ill**

After two years of continuous coverage under the plan, you may be eligible for Living Benefit coverage.

If you are diagnosed as terminally ill with 12 months or less to live, you can claim a cash advance of a portion of your death benefit (up to 50%) to use however you wish. This benefit is available as long as premiums continue to be paid and coverage remains in force. The balance of the benefit will be paid to the beneficiary upon the death of the insured.

### ACCIDENTAL DEATH

#### **Up to Five Times the Benefit Amount (up to \$100,000)**

If accidental death occurs before age 85, your beneficiary will receive a benefit of five times the face amount of your policy.

If accidental death occurs at age 85 or later, your beneficiary will receive the face amount of your policy.

## DEATH DUE TO NON-ACCIDENTAL CAUSES

### During the First Two Policy Years

If your death is due to non-accidental causes (other than suicide) during the first two policy years, all premiums are refunded, plus 10% interest compounded annually.

If death occurs after the first two policy years, the face amount of your policy is paid less any living benefit paid.

## PREMIUM SAVINGS

### Up to 40% as a Non-smoker

Your premium is based on gender, age and smoking status at the time of enrollment. (See page 5.) If you have not smoked cigarettes in the 12 months immediately prior to the date of enrollment, you will enjoy the non-smoker premium discount.

## PRIVACY AND CONFIDENTIALITY STATEMENT

The specific and detailed information requested on your Enrollment Form is required to process your application. To protect the confidentiality of this information, Manulife Financial and its agent, ENCON, will establish a "financial services file" from which this information will be used to process your application(s), and administer services and claims. Access to this file will be restricted to those Manulife Financial employees, agents, mandataries or administrators who are responsible for the assessment of risk (underwriting), administration of services and the investigation of claims, and to any other person you authorize or as authorized by law. These people, organizations and service providers may be in jurisdictions outside Canada, and subject to the laws of those foreign jurisdictions. Your participation in the Retirees Insurance Program may be made known to the Municipal Retirees Organization Ontario and ENCON in order to bring other products and services offered under the program to your attention. The use of such information to offer products and services is optional, and if you wish to discontinue such use, you may write to ENCON Group Inc., at 1900 – 11 King Street West, Toronto ON M5H 4C7, or to Manulife Financial at the address provided below. Your file is secured in the office of Manulife Financial or its agents. You may request to review the personal information it contains and make corrections by writing to: **Privacy Officer, Affinity Markets, Manulife Financial, P.O. Box 4213, Station A, Toronto ON M5W 5M3.**

Age at Enrollment	Monthly Premium per Unit of \$2,500 Non-smoker		Monthly Premium per Unit of \$2,500 Smoker	
	Female	Male	Female	Male
50	\$5.00	\$6.00	\$7.25	\$10.50
51	5.25	6.50	7.50	11.00
52	5.50	6.75	8.00	11.75
53	5.75	7.00	8.50	12.25
54	6.25	7.50	8.75	13.00
55	6.50	8.00	9.25	13.75
56	7.00	8.50	9.75	14.75
57	7.50	9.00	10.50	15.75
58	8.00	9.50	11.00	16.75
59	8.50	10.25	11.75	17.75
60	9.00	10.75	12.25	18.75
61	9.50	11.50	13.00	20.00
62	10.25	12.50	13.75	21.25
63	11.00	13.25	14.75	22.50
64	11.75	14.25	15.50	23.75
65	12.50	15.25	16.50	25.25
66	13.25	16.25	17.75	26.75
67	14.25	17.50	18.75	28.25
68	15.25	18.75	20.00	30.00
69	16.50	20.00	21.50	31.75
70	17.75	21.50	22.75	33.50
71	19.00	23.00	24.25	35.25
72	20.50	24.75	25.75	37.00
73	22.00	26.75	27.50	38.75
74	23.50	28.75	29.25	40.75
75	25.25	30.75	31.00	42.75
76	27.50	33.25	33.25	45.00
77	29.75	36.00	35.50	47.25
78	32.25	38.75	38.00	49.75
79	34.75	41.75	40.75	52.25
80	37.75	45.25	43.50	55.00

Rates are subject to change without notice. Once you are insured, however, your monthly premium will not change.

## CALCULATE YOUR MONTHLY PREMIUM

The following chart is designed to help you (and your spouse) calculate your monthly premium. For each applicant:

1. Determine the amount of coverage you desire.
2. Insert the number of units you wish to purchase.
3. Insert the applicable rate based on your age, gender and smoker status.
4. Multiply the rate by the number of units to determine your monthly premium.
5. If you and your spouse are enrolling with the same number of units, apply a 5% premium reduction.

Your Premium Calculator	Retiree	Spouse
1. Total coverage requested (\$5,000 - \$20,000)	_____	_____
2. Total no. of units: Each unit = \$2,500 Minimum 2 units = \$5,000 Maximum 8 units = \$20,000	_____	_____
3. Monthly premium per unit (see table pg. 5)	_____	_____
4. Total monthly premium (multiply the no. of units x monthly premium)	_____	_____
		Total*
	+	=
5. If you and your spouse are enrolling with the same no. of units, apply a 5% reduction in premium (total monthly premium x .95)	*Total	x .95 =

## THIS PLAN OFFERS YOU:

### MONEY-BACK GUARANTEE

Once you receive your policy you will have 30 days to review it. If you are not completely satisfied, simply return it for a full refund of premiums paid.

### AFFORDABLE MONTHLY PREMIUMS

Minimum purchase 2 units (\$5,000)

Maximum purchase 8 units (\$20,000)

### PERSONAL PRE-AUTHORIZED DEBIT PAYMENTS

The Personal Pre-authorized Debit Agreement, set up through your bank, trust company or credit union, saves you time and the cost of writing and mailing your cheques. It also helps ensure that your payments are always on time.

#### **Please note the following important information:**

- You may cancel your Personal Pre-authorized Debit Agreement at any time, subject to providing written 30-days notice to ENCON Group Inc. Retiree Benefits, 1900 – 11 King Street West, Toronto ON M5H 4C7.
- You have certain recourse rights if any debit does not comply with this agreement. For example, you have the right to receive reimbursement for any debit that is not authorized or is not consistent with your Personal Pre-authorized Debit Agreement. To obtain more information on your recourse rights, contact your financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).

## QUESTIONS?

If you have any questions about this coverage, the Personal Pre-authorized Debit Agreement or about completing your enrollment form, please contact our MROO Insurance Specialists at ENCON Group Inc., our program manager. Their toll free number is **1-800-363-7861** or you can send an email to **mroo@encon.ca**.

## ENROLL TODAY!

1. Complete, sign and date the Enrollment Form. Make sure to fill out the section entitled Spousal Information if your spouse is enrolling in the plan.
2. Do not send money. All that is required is a blank cheque marked "VOID" to set up the convenient Personal Pre-authorized Debit Agreement for your monthly premiums.
3. Mail your Enrollment Form and your void cheque to ENCON in the postage-paid envelope provided.

Coverage begins on the later of the Effective Date that you requested on your Enrollment Form or the date your Enrollment Form and your void cheque are received at ENCON.

## OTHER RETIREE BENEFITS PLANS OFFERED BY ENCON:

### HEALTH AND DENTAL CARE / ANNUAL TRAVEL INSURANCE



Our most popular choice. MROO has carefully selected health and dental care benefits that will be useful to you and your spouse. Our plans are designed to offer valuable benefits at a reasonable cost, including:

- Semi-private hospital, prescription drugs, vision care, paramedical services
- Dental care (basic and major restorative)
- Optional 30-day Annual Travel Insurance

If you are 50 to 75 years old, you can enroll today and take advantage of our comprehensive coverage, convenient claims handling and excellent rates.

### CONVALESCENT CARE PLAN



MROO's Convalescent Care Plan is designed to help with expenses when you are recuperating from a serious illness or injury.

- Benefits include monthly cash, home nursing and home care, fracture benefits, transportation and ambulance benefits, equipment rental and more.

Contact our retiree insurance specialists toll free at **1-800-363-7861** or via email at **mroo@encon.ca** for brochures with Enrollment Forms. Or, visit our website at **www.encon.ca/mroo**.

### TRAVEL INSURANCE



In addition to the Annual Travel Insurance Plan mentioned above, you have access to a wide range of individual plans from our travel insurance provider, **etfs**.

- No age limit
- Top ups and extensions

For more information, please call this toll free number, set up exclusively for MROO: **1-877-762-9207**. Get an online quotation at **www.encon.ca/mroo**.

# MROO GUARANTEED ISSUE LIFE INSURANCE PLAN ENROLLMENT FORM

## RETIREE INFORMATION

Retiree's Name (last) \_\_\_\_\_ (first) \_\_\_\_\_

Address \_\_\_\_\_

Unit No. \_\_\_\_\_ City/Town \_\_\_\_\_

Province/Territory \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone (area code) \_\_\_\_\_

Email \_\_\_\_\_

Birthdate (YYYY/MM/DD) \_\_\_\_\_ Gender  M  F

Smoker  or Non-smoker

Name of Beneficiary (last) \_\_\_\_\_ (first) \_\_\_\_\_

Relationship of Beneficiary \_\_\_\_\_

Are you an OMERS pensioner?  Yes  No

## SPOUSAL INFORMATION (IF APPLYING)

Spouse's Name (last) \_\_\_\_\_ (first) \_\_\_\_\_

Birthdate (YYYY/MM/DD) \_\_\_\_\_ Gender  M  F

Smoker  or Non-smoker

Name of Beneficiary (last) \_\_\_\_\_ (first) \_\_\_\_\_

Relationship of Beneficiary \_\_\_\_\_

## AMOUNT OF COVERAGE

**Insert information from Your Premium Calculator**

(see page 6 of this brochure)

	<u>Retiree</u>	<u>Spouse</u>	
Total coverage requested	_____	_____	
Number of units	_____	_____	
Total monthly premium			Total*
		+	=
5% reduction (if applicable)			=

Enrollment Form continued on next page

## PAYMENT OF PREMIUM – PERSONAL PRE-AUTHORIZED DEBIT AGREEMENT

I/We authorize ENCON Group Inc. to withdraw my/our monthly premium (as determined by the total coverage requested on the previous page of this Enrollment Form) from my/our bank, trust company or credit union account on the first banking day of every month and have enclosed a blank personal cheque marked “VOID”. **I/We have read and understand the Personal Pre-authorized Debit Payments section on page 7 of this brochure.**

Monthly withdrawals are to be made from this Account Number

\_\_\_\_\_

Signature of Account Holder

Date

\_\_\_\_\_

Signature of Joint Account Holder (if applicable)

Date

\_\_\_\_\_

## DECLARATION (PLEASE READ AND SIGN)

I/We acknowledge that the statements contained herein are true and together with any other forms signed by me/us in connection with this Enrollment form the basis for my/our coverage. I/We have read and agree with the Privacy and Confidentiality Statement on page 4 of this brochure. I/We understand my/our coverage will begin on the later of the Effective Date requested or the date my/our Enrollment Form and void cheque are received by ENCON.

Requested Effective Date of Policy (YYYY/MM/DD)

\_\_\_\_\_

Signed at

City/Town

Province/Territory

\_\_\_\_\_

Retiree’s Signature

\_\_\_\_\_

Spouse’s Signature (if applying for coverage)

\_\_\_\_\_

Date signed (YYYY/MM/DD)

\_\_\_\_\_

## HOW DID YOU HEAR ABOUT OUR PROGRAM?

- Employer    OMERS    MROO mailing    Word of mouth  
 Union    MROO event/newsletter

## MROO'S INSURANCE PROGRAM MANAGER

As the program manager for MROO's insurance program, ENCON Group Inc. has been providing post-retirement benefits services, including plan design, distribution and administration, for over 25 years. Our retiree insurance specialists are readily available to answer your questions and advocate on your behalf.



**encon**

ENCON Group Inc.

1900 – 11 King Street West

Toronto ON M5H 4C7

**Toll free phone number: 1-800-363-7861**

**Facsimile: 416-860-9303**

**Email: [mroo@encon.ca](mailto:mroo@encon.ca)**

**Website: [www.encon.ca/mroo](http://www.encon.ca/mroo)**

 **Manulife Financial**

| **For your future™**

This brochure is intended to provide a brief summary of the MROO Guaranteed Issue Life Insurance Plan. It contains some information about coverages but it does not list all of the conditions and exclusions that apply to the described coverages. The actual wording of the policies governs all situations.

The products described are subject to change without notice at any time.

Underwriting and claims management for the MROO Guaranteed Issue Life Insurance Plan is provided by The Manufacturers Life Insurance Company (Manulife Financial).