



For RBCI Head Office Use Only  
Occ Code

Complete this form to apply for Group Employee Benefits and Individual GSI Program coverage.

EMPLOYER SECTION

- New Applicant
 Reinstatement

Organization Name: OBSIDIAN ENERGY, RBCI Group Policy #: 414204, Employee ID#, Province of Employment, Employment Date, Class #, Occupation, Current Annual Earnings, # Hours Worked Per Week, Weeks Per Year Worked, Is the proposed insured actively at work?

GSI PROGRAM COVERAGE APPLIED FOR

Plan Name, Waiting Period, Benefit Period, Optional Benefits

EMPLOYEE (PROPOSED INSURED) SECTION (to be completed by the Employee)

Proposed Insured Legal Name, Telephone Number, Proposed Insured Address, City, Province, Postal Code, Email Address, Date of Birth, Gender, Language of Policy, # of Dependents

**GSI PROGRAM APPLICATION QUESTIONS (to be completed by the Proposed Insured)**

	YES	NO
1. Do you understand English and/or French? (If "no", a "Statement of Understanding" is required. Please contact your human resources representative. If required, this form must be submitted with your completed application form.).....	<input type="checkbox"/>	<input type="checkbox"/>
2. Are you a Canadian Citizen or a Permanent Resident (landed immigrant)?.....	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you used tobacco products or tobacco surrogates (marijuana, hashish, nicotine gum, transdermal nicotine patch, Zyban or other smoker cessation products, betel nuts, betel leaves, supari, paan, gutka or shisha) within the last 12 months?.....	<input type="checkbox"/>	<input type="checkbox"/>
4. Has an insurance company ever denied you disability insurance under an individual, group or association plan?.....	<input type="checkbox"/>	<input type="checkbox"/>

COMPANY	AMOUNT OF MONTHLY BENEFIT	TYPE (GROUP, INDIVIDUAL, ASSOCIATION)	TAXABLE?	ARE YOU REPLACING THIS COVERAGE WITH THE COVERAGE APPLIED FOR IN THIS APPLICATION?
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**BENEFICIARY DESIGNATION SECTION  
(to be completed by Employee for Group Accidental Death Benefits)**

Beneficiary's Last Name	First Name	Initial	Date of Birth (yyyy/mm/dd)	Gender (M/F)	Relationship	%

**FOR RESIDENTS OF QUEBEC ONLY:** A spousal beneficiary designation is irrevocable unless specified otherwise by checking the following box  Revocable

If the beneficiary is a minor or lacks legal capacity, an Appointment of Trustee is recommended in all provinces, except Quebec. (In Quebec, the benefits payable to minors are payable to the surviving parent(s) as tutor(s)).

Trustee (Last Name, First Name) \_\_\_\_\_ Relationship to Employee \_\_\_\_\_

is hereby appointed Trustee to receive any payment to any designated beneficiary on record with RBC Life Insurance Company (RBCI) who is a minor on the date such payment falls due.

**DECLARATIONS AND CONSENTS (Please review and sign)**

**It is understood and agreed as follows:**

- 1) I have read all the foregoing statements and answers. They are all true and complete. They are part of this application and any individual GSI Program policy issued as a result;
- 2) I hereby apply for Group insurance and GSI Program coverage for which I am now or may later become eligible and authorize my employer to deduct the required payment if any, from my pay;
- 3) No agent or broker has authority to waive the answer to any question, to determine insurability, to waive any rights or requirements, or to make or alter any contract or policy;
- 4) RBCI may be entitled to render the individual GSI Program policy null and void if there is misrepresentation or non-disclosure in any part of this application that is material to the insurance risk;
- 5) Any GSI Program policy issued as a result of this form shall become effective on the Date of Issue provided that: (a) the policy has been tendered for delivery to the Proposed Owner; and (b) the answers provided on this application have not changed from the date of this application to the Date of Issue date; and (c) the initial premium required has been paid. I will immediately advise RBCI in writing, of any changes in the answers to the question in this application between the time of this application and the delivery of the policy;
- 6) Any Group insurance issued as a result of this application shall take effect on the date I am actively employed on a full-time basis, otherwise on the date I return to full-time active employment, subject to approval by RBCI and any waiting period pertinent to my employer's plan;
- 7) If applicable, any GSI Program policy issued as a result of this application shall be subject to a group/association offset amendment and/or a pre-existing conditions amendment (which contains a coverage exclusion based on my pre-existing health), and/or a travel exclusion (which limits coverage while travelling outside of Canada or the United States). If the individual GSI Program disability coverage is part of a Wage Loss Replacement Plan, the policy will include a Wage Loss Replacement Amendment;
- 8) I will discontinue any policy(ies)/coverage that I have indicated will be replaced, immediately upon delivery to me of any GSI Program policy issued as a result of this application. RBCI will rely on such answers in determining the amount, if any, of insurance it may issue;
- 9) The actual amount of GSI Program disability insurance RBCI will issue will be based on the maximum amount I qualify for, any other disability coverage in force or pending that is not being replaced or cancelled and RBCI Issue and Participation Limits. RBCI is not required to specifically notify me if the amount applied for and the amount issued are different;
- 10) RBCI shall not be liable for any claim on account of any benefits applied for, commencing prior to the effective date of coverage. Notwithstanding any interim premium payments, no temporary or conditional insurance is being provided to either me or my spouse or dependents, or the proposed owner of my GSI Program policy (if applicable);
- 11) Acceptance of any GSI Program policy issued as a result of this application form will ratify my acceptance of any differences in the terms of coverage between the GSI Program policy wording and as stated in this form;
- 12) If either a third party administrator (TPA) or my employer (either of which is referred to as the "Administrator") is paying the premiums and/or administering any coverage on my behalf, I authorize the Administrator to have access to my personal information and my spouse's and dependent's personal information, as supplied in the application form, for the purposes of forwarding it on my behalf to RBCI for determining coverage and for the administration of the coverage. I certify that I am authorized by my spouse and/or dependents to disclose and receive information about them that is used for these purposes. I authorize RBCI to receive and accept GSI Program premium payments from the Administrator, pay any GSI Program premium refunds to the Administrator and provide the Administrator with all GSI Program premium statements, billing notices, lapse notices and any other notices or information required by the Administrator to administrate any of my coverage. I acknowledge that once RBCI has provided any of my personal information to the Administrator, the Administrator is responsible for complying with all relevant privacy legislation. RBCI is not responsible for ensuring that the Administrator complies with any privacy legislation. RBCI will continue to send all communications or notices concerning my GSI Program policy to the Administrator until it receives written notice from me or the Administrator of the termination of my relationship with my employer. If I cease to be employed by my current employer, I have the right to keep my GSI Program policy in force by paying the premiums myself. The Administrator may inform RBCI, in writing, at any time that it is no longer administering the payment of the premium of my GSI Program policy, in which case, RBCI will no longer provide information about my GSI Program policy to the Administrator. RBCI is not obligated to inform me if the Administrator stops making premium payments for my GSI Program policy. The Administrator does not have the authority to waive or modify any of the terms of my GSI Program policy and the Administrator is not agent of RBCI. If I am the owner of the GSI Program policy, I also authorize the Administrator to receive the GSI Program policy contract from RBCI on my behalf for delivery to me;
- 13) I have read the section entitled "Collection and Use of Personal Information" appearing in this application and understand and agree to its terms;
- 14) A photocopy or electronic version of this application shall be as valid as the original.

**SIGNATURE(S):**

Plan Member Signature  
(Proposed Insured):

Date:

(dd/mm/year)

## TO BE DETACHED AND KEPT BY THE PROPOSED INSURED

### Coverage Overview:

You may obtain an overview of the GSI Program insurance coverage for which you have applied at <http://www.rbcinsurance.com/gsi> or by contacting your benefits administrator.

#### COLLECTION AND USE OF PERSONAL INFORMATION

##### Collecting your personal information

We (RBCI Insurance Company) may from time to time collect information about you such as:

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

We may collect information from you, 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, motor vehicle reports, and your employer.

##### Using your personal information

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

- to verify your identity and investigate your personal background;
- to issue and maintain insurance products and services you may request;
- to evaluate insurance risk and manage claims;
- to better understand your insurance situation;
- to determine your eligibility for insurance products and services we offer;
- to help us better understand the current and future needs of our clients;
- to communicate to you any benefit, feature and other information about products and services you have with us;
- to help us better manage our business and your relationship with us; 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 your choices under “*Other uses of your personal information*” for the sole purpose of honouring your choices.

**If we have your 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 RBCI.*

#### **Other uses of your 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 you. We may communicate with you through various channels, including telephone, computer or mail, using the contact information you have provided.
- We may also, where not prohibited by law, share this information with RBC companies for the purpose of referring you to them or promoting to you products and services which may be of interest to you. We and RBC companies may communicate with you through various channels, including telephone, computer or mail, using the contact information you have provided. You acknowledge that as a result of such sharing they may advise us of those products or services provided.
- If you also deal with RBC companies, we may, where not prohibited by law, consolidate this information with information they have about you to allow us and any of them to manage your relationship with RBC companies and our business.

You understand 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.

**You 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, you will not be refused insurance products or services just for that reason. We will never use or share your health information for these purposes. We will respect your choices and, as mentioned above, we may share your choices with RBC companies for the sole purpose of honouring your choices regarding “Other uses of your personal information”.**

#### **Your right to access your personal information**

You may obtain access to the information we hold about you 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 your personal information” you may do so now or at any time in the future by contacting us at:

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

#### **Our privacy policies**

You may obtain more information about our privacy policies by asking for a copy of our “Financial fraud prevention and privacy protection” brochure, by calling us at the toll free number shown above or by visiting our web site at [www.rbc.com/privacysecurity](http://www.rbc.com/privacysecurity)