

Employee/Spousal Optional Life Insurance Application Form

Open enrolment May 1 to June 30, 2025

PLAN MEMBER INFORMATION

First Name	Last Name	Date of Birth	dd/mm/yyyy	Benefit ID#
Street Address:		City:	Prov:	Postal Code:
Employer:				

EMPLOYEE OPTIONAL LIFE INSURANCE - Maximum 50 units; 1 unit = \$10,000

Employee Optional Life Insurance is payable to your beneficiary(ies) in the event of your death. From May 1 to June 30, 2025, you may elect up to 15 units or \$150,000 of Employee Optional Life without medical evidence. See #4 for example on reverse side.

Evidence of insurability is required for amounts over \$150,000 or any amount for late application. This application form must be received by 3sHealth by June 30, 2025. No exceptions will be made.

- ☐ I hereby apply for Employee Optional Life Insurance in the amount of _____ total units.
- ☐ I hereby apply to increase my Employee Optional Life Insurance by _____ total units for a total of _____ units.
- ☐ Yes ☐ No *Within the past 12 months have you smoked or used cigarettes, marijuana, hashish, cigars, pipe, cigarillos, chewing tobacco, nicotine patch, and or/gum, betel nuts, or tobacco or nicotine in any other form?*

SPOUSAL OPTIONAL LIFE INSURANCE - Maximum 15 units; 1 unit = \$10,000

Spousal Optional Life Insurance is payable to you the employee in the event of your spouses death. From May 1 to June 30, 2025, you may elect up to 5 units or \$50,000 of Spousal Optional Life without medical evidence.

Evidence of insurability is required for amounts over \$50,000 or any amount for late application. This application form must be received by 3sHealth by June 30, 2025. No exceptions will be made.

- ☐ I hereby apply for Spousal Optional Life Insurance in the amount of _____ total units.
- ☐ Yes ☐ No *Within the past 12 months has your spouse smoked or used cigarettes, marijuana, hashish, cigars, pipe, cigarillos, chewing tobacco, nicotine patch, and or/gum, betel nuts, or tobacco or nicotine in any other form?*

VOLUNTARY ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D) - Maximum 25 units; 1 unit = \$10,000

Voluntary AD&D Insurance is payable to you the employee in the event of a loss, or loss of use of: life, limb, sight, hearing or speech due to an accidental injury or in the event of your accidental death to your beneficiary. You may elect to purchase Voluntary AD&D Insurance at any time after becoming eligible in the Plan without evidence of insurability.

- ☐ I hereby apply for Voluntary AD&D Insurance in the amount of _____ total units.
- ☐ I hereby apply to increase my Voluntary AD&D Insurance by _____ total units for a total of _____ units.

Coverage Type – I elect Voluntary AD&D Insurance for:

- ☐ Myself only. ☐ Myself as well as my eligible spouse and/or dependents.

I hereby acknowledge that I have read and understand the conditions of the Employee Benefit Plans, as outlined in the Plans' commentaries available online at www.3sHealth.ca, and confirm the options I have chosen above. I understand these benefits are subject to the terms of the Group Life Insurance Plan sponsored by Health Shared Services Saskatchewan.

I hereby expressly consent to the collection, use, and disclosure of my personal information by 3sHealth for the purpose of administering my benefits, for the purpose of sharing my information with future or replacement service providers relating to the administration of my benefits, and as otherwise provided in the 3sHealth Privacy Policy (available online at www.3sHealth.ca). I further consent to 3sHealth using my personal information in other 3sHealth systems, including the payroll system, where required for the administration or payment of my benefits. By signing here, I agree that the information provided is complete and accurate.

Signature:	Date: dd/mm/yyyy
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Employee and Spousal Optional Life Insurance

Open Enrolment May 1 to June 30, 2025

As a member of the Group Life Insurance Plan you are eligible to elect:

- \$150,000 **Employee Optional Life** without medical evidence,
- \$50,000 **Spousal Optional Life** without medical evidence,
- \$250,000 **Voluntary AD&D** without medical evidence for you and your eligible family members.

3sHealth is pleased to present you with this one-time opportunity to elect optional coverage without the need to complete a medical questionnaire. Coverage is guaranteed if you complete the enclosed application and submit it to 3sHealth on or before June 30, 2025, in accordance with the following restrictions:

1. You and/or your spouse must be under the age of 65 to apply for coverage and have not previously retired. Employee and Spousal Optional Life, and Voluntary AD&D insurance will end at age 65.
2. You have not previously applied for Employee Optional Life coverage and been denied by the insurer.
3. Your monthly premiums must be paid through payroll deduction with your employer. Upon completion of this application, 3sHealth will advise your employer of your coverage selection so your employer can begin monthly premium deductions.
4. If you already have Employee Optional Life Insurance of less than \$150,000 in force with the Group Life Insurance Plan, you are eligible to elect an amount of insurance up to a total of \$150,000 in coverage. For example, if you currently have seven units of Employee Optional Life Insurance or \$70,000, you can elect up to 8 units more of Employee Optional Life Insurance or \$80,000 through this open enrolment for a total of \$150,000. Medical evidence of insurability will be required for any amounts of insurance over the total of \$150,000.
5. If you already have Employee Optional Life insurance of \$150,000 or more in force with the Group Life Insurance Plan, you are not eligible to elect coverage through this open enrolment. You may elect Spousal Optional Life (up to \$50,000 without medical evidence) or Voluntary AD&D coverage to a maximum of the total of \$250,000 if you do not have coverage in force.

Your Benefit ID

Your benefit ID# can be found on your 3sHealth Pay Direct Drug Card.



Naming Your Beneficiary

Your beneficiary(ies) for Employee Optional Life Insurance will be the same as the beneficiary(ies) you named for your Basic Life Insurance with your employer. Your beneficiary(ies) can be found on your 3sHealth Member's Annual Statement.

The beneficiary for Spousal Optional Life Insurance must be you, the plan member that purchased the Spousal Optional Life Insurance.

Designating your beneficiary(ies) is one of the most important rights that you have as an insured person. You may designate or change your beneficiary(ies) at any time by completing the appropriate form. The beneficiary designation form is available from your employer or 3sHealth.

Questions?

If you have any questions about the Employee and Spousal Optional Life Insurance Application Form or the open enrolment period, please contact a 3sHealth Benefit Services Officer by telephone at 1.866.278.2301 or email at ebp@3shealh.ca. Live chat is also available Monday to Friday 8:00am to 4:30 pm from the 3sHealth website www.3shealh.ca/employee-benefit-plans.