

## WELCOME TO THE CBAC BENEFITS

### SUMMARY

- ❖ **Canada Life** is the **Canadian Baptist Pension Plan's** record keeper. 6% is deducted from your payroll, the employer matches the contribution for a total of 12% to be remitted monthly to Sun Life Financial. You have the option of contributing additional voluntary contributions through your payroll to your account which the church does not match.
- ❖ **Canada Life**
  - Basic Life Insurance - \$60,000
  - Dependent Life Insurance - \$20,000 spouse, \$8,000 child
  - Long Term Disability – 67% of your **reported** income after 4 month waiting period
  - Employee and Family Assistance Program – FREE confidential counselling
  - Medical Dental Plan – **This portion can be waived IF your spouse has medical dental coverage through his/her employment. All other insurances still apply.**
- ❖ **CHUBB**
  - Accidental Death & Dismemberment - \$25,000
- ❖ **Optional Benefits** can be deducted from your payroll once your **Evidence of Insurability** is approved by Canada Life.
  - Optional Life Insurance – available for member & spouse & child
  - Optional Critical Illness – available for member & spouse
  - Optional Accidental Death & Dismemberment – available for member & family
- ❖ Booklets can be found under the insurance tab on our website:  
<https://baptist-atlantic.ca/our-convention/departments/pension-benefits/>

### YOUR BENEFITS.... YOUR RESPONSIBILITY

Members have only **31 days** to notify your Benefits Coordinator if life changes happen:

- a) Married – to add spouse to plan and to change name (if needed)
- b) Beneficiary changes for any reason
- c) Spouse loses medical dental coverage
- d) Death of spouse or dependent child
- e) Birth or adoption of a child
- f) Move – address changes

These situations are the **Members Responsibility** and need your immediate attention when they arise.

### Once these forms have been returned to [karen.gunn@baptist-atlantic.ca](mailto:karen.gunn@baptist-atlantic.ca)

- You will receive two emails from Canada Life to complete your enrolment into the benefits; one for Medical Dental (Policy 57198 & 160885) and the other for Life insurance, Long Term Disability and Employee and Family Assistance Plan (Policy 156241).
- If you indicate you would like to apply for Optional Coverages, an Evidence of Insurability form will be emailed to you to complete confidentially and sent directly to Canada Life for consideration.
- Your treasurer will provide you with an access ID & password to access [www.mycanadalifeatwork.com](http://www.mycanadalifeatwork.com) to enroll into the pension plan.
- **Once enrolled you can access your benefits on [www.mycanadalifeatwork.com](http://www.mycanadalifeatwork.com)**

## EMPLOYEE INFORMATION SUMMARY SHEET

EMPLOYEE NAME: \_\_\_\_\_

# AND STREET NAME: \_\_\_\_\_

City AND Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_

EMPLOYEE EMAIL ADDRESS: \_\_\_\_\_

HOME PHONE NUMBER: \_\_\_\_\_ CELL PHONE NUMBER \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SEX: \_\_\_ Male \_\_\_ Female

SOCIAL INSURANCE NUMBER: \_\_\_\_\_

NAME OF CHURCH: \_\_\_\_\_

OCCUPATION TITLE: \_\_\_\_\_

Are you: Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ NUMBER OF HOURS A WEEK: \_\_\_\_\_

ANNUAL SALARY: \_\_\_\_\_

DATE OF EMPLOYMENT: \_\_\_\_\_

EFFECTIVE DATE OF COVERAGE: \_\_\_\_\_

MARITAL STATUS:  Married  Single  Single with Dependents

IF MARRIED, Spouse's Full Name: \_\_\_\_\_

IF MARRIED, Spouse's Date of Birth: \_\_\_\_\_

Applying for Insurance Benefits:  Yes :  NO, WAIVER FORM REQUIRED

Applying for Canadian Baptist Pension Plan:  Yes :  NO, WAIVER FORM REQUIRED

DATE: \_\_\_\_\_

CHURCH TREASURER NAME: \_\_\_\_\_

TREASURER'S EMAIL ADDRESS: \_\_\_\_\_

TREASURER'S PHONE NUMBER: \_\_\_\_\_

**\*\*\* CONFIDENTIAL INFORMATION SHEET \*\*\***  
**for**  
**Long Term Disability calculations and auditing of Pension Contributions**

Member's Name: \_\_\_\_\_ ID #: \_\_\_\_\_  
(last 6 digits of SIN # or old 4 digit ID)

Effective Date of Salary: \_\_\_\_\_

**TOTAL GROSS SALARY**, which includes either:

- Basic Salary PLUS Housing Allowance OR
- Basic Salary PLUS Fair Rental Value of Parsonage AND utilities,  
if paid by the church on behalf of the member \$ \_\_\_\_\_

**# OF PAY PERIODS** (Weekly=52, Bi-weekly=26, Semi-monthly=24, Monthly=12) \_\_\_\_\_

**PENSION CONTRIBUTION PER PAY PERIOD (6% employee + 6% employer)** = \_\_\_\_\_  
(Total Gross Salary multiplied by 12% divided by # of Pay Periods)

**Long Term Disability (LTD)** Monthly premiums are determined by Canada Life however premiums can roughly be calculated using the following: Total Salary / 12 x .67 x .02707

**Pension Contributions** are calculated by the Treasurer and sent in **monthly** to the Record Keeper, Canada Life. It is the record keepers' job to ensure they receive a monthly amount for each member. They do not verify whether the amount is accurate or not.

TREASURER

MEMBER

Church: \_\_\_\_\_

Name: \_\_\_\_\_

Treasurer: \_\_\_\_\_

# & Street Address: \_\_\_\_\_

email: \_\_\_\_\_

City & Province: \_\_\_\_\_

Phone No: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Date: \_\_\_\_\_

email: \_\_\_\_\_

**IMPORTANT:** Please return to: Karen Gunn, Benefits Coordinator  
By email: [karen.gunn@baptist-atlantic.ca](mailto:karen.gunn@baptist-atlantic.ca)  
Or by mail: PO Box 6003, Moncton, NB E1C 0V7

# OPTIONAL GROUP LIFE QUESTIONNAIRE

## Optional Life Member & Optional Life Spouse

Members are encouraged to purchase additional coverage for themselves and/or their spouse. The monthly rates for each 10,000 unit are as follows to a maximum of \$500,000:

Age	Male Non Smoker	Male Smoker	Female Non Smoker	Female Smoker
Under 29	\$0.30	\$0.60	\$0.30	\$0.40
30-34	\$0.40	\$0.60	\$0.30	\$0.50
35-39	\$0.50	\$0.90	\$0.40	\$0.60
40-44	\$0.90	\$1.50	\$0.60	\$1.00
45-49	\$1.50	\$2.80	\$1.00	\$1.90
50-54	\$2.60	\$4.70	\$1.80	\$3.20
55-59	\$4.10	\$7.40	\$2.80	\$5.00
60-64	\$6.00	\$10.90	\$4.10	\$7.30

**YES**, I wish to apply for **OPTIONAL LIFE** for myself. Amount of Units: \_\_\_\_\_

**YES**, I wish to apply for **OPTIONAL LIFE** for my spouse. Amount of Units: \_\_\_\_\_

**No**, I do NOT wish to apply for **OPTIONAL GROUP LIFE INSURANCE**.

## Optional Life Child

Monthly rate per unit of \$2,000 to a maximum of \$20,000 or 10 units = \$0.31

**YES**, I wish to apply for **OPTIONAL LIFE** for my child/children. Amount of Units: \_\_\_\_\_

**No**, I do NOT wish to apply for **OPTIONAL INSURANCE FOR MY CHILD**.

## Optional AD&D insurance

Insured	Coverage	Rate
Member Only	\$10,000 unit to a maximum of \$250,000 or 25 units	\$0.20
Spouse	* 40% of member's amount * 50% if no child	\$0.30
Child	* 10% of member's amount * 15% if no spouse	\$0.30

**YES**, I wish to apply for **OPTIONAL AD&D MEMBER ONLY**. Amount of Units: \_\_\_\_\_

**YES**, I wish to apply for **OPTIONAL AD&D FAMILY**. Amount of Units: \_\_\_\_\_

**No**, I do NOT wish to apply for **OPTIONAL AD&D INSURANCE**.

## OPTIONAL CRITICAL ILLNESS QUESTIONNAIRE

Members and Spouses can apply for Optional Critical Illness which provides a Lump Sum Benefit in the event they are diagnosed with a critical illness. Coverage is available in units of \$10,000 to a maximum of \$250,000.

Optional Critical Illness (ENHANCED Coverage Only)					
Basic Monthly Rates per \$1000					
	Male	Female		Male	Female
20	0.05	0.05	43	0.30	0.31
21	0.06	0.05	44	0.32	0.33
22	0.06	0.06	45	0.35	0.36
23	0.06	0.06	46	0.38	0.38
24	0.07	0.06	47	0.41	0.41
25	0.07	0.07	48	0.45	0.43
26	0.08	0.07	49	0.49	0.46
27	0.08	0.08	50	0.54	0.49
28	0.09	0.09	51	0.60	0.53
29	0.09	0.09	52	0.66	0.57
30	0.10	0.10	53	0.74	0.62
31	0.11	0.11	54	0.82	0.67
32	0.12	0.12	55	0.93	0.73
33	0.13	0.13	56	1.05	0.79
34	0.15	0.15	57	1.18	0.86
35	0.16	0.16	58	1.31	0.95
36	0.17	0.17	59	1.45	1.03
37	0.19	0.19	60	1.61	1.11
38	0.21	0.20	61	1.78	1.20
39	0.22	0.22	62	1.95	1.31
40	0.24	0.24	63	2.19	1.44
41	0.26	0.26	64	2.43	1.57
42	0.27	0.28			

**YES**, I wish to apply for **OPTIONAL CRITICAL ILLNESS** for **myself**. Amount of Units: \_\_\_\_\_

**YES**, I wish to apply for **OPTIONAL CRITICAL ILLNESS** for **my spouse**. Amount of Units: \_\_\_\_\_

**No**, I do NOT wish to apply for **OPTIONAL CRITICAL ILLNESS INSURANCE**.

Once this questionnaire has been returned and you have indicated that you wish to apply for optional coverage, you will receive a Canada Life Evidence of Insurability form to fill in so that Canada Life can determine whether to grant your request. Therefore, please DO NOT forward any premiums until you receive a billing as acceptance of coverage.

NAME: \_\_\_\_\_

Date: \_\_\_\_\_