



Log Harvesting Sector Benefits Plan

Optional Life Insurance Request / Refusal Form

		he amount of insurance provided u		
_		All amounts of coverage are subje		•
nthly premium rates are determine	ed by your attained age and so	ex, on a smoker/non-smoker basis	as set out in the following s	schedule:
te per \$10,000				
Age	Male Smoker	Male *Non-Smoker	Female Smoker	Female *Non-Smoker
Under 30	0.89	0.56	0.67	0.44
30 – 34	0.89	0.56	0.67	0.44
35 – 39	1.22	0.56	0.89	0.56
40 – 44	1.78	0.89	1.33	0.78
45 – 49	3.22	1.67	2.33	1.33
50 – 54	5.44	2.78	3.67	2.22
55 – 59	9.44	5.11	5.56	3.56
60 – 64	12.33	7.11	6.67	4.56
e undersigned, hereby apply for the	he following amounts of option	onal coverage and authorize the ne		for participation in this p
	he following amounts of option			for participation in this p
e undersigned, hereby apply for the Optional Life: \$	he following amounts of option	onal coverage and authorize the ne Spousal Optional Life: \$		
e undersigned, hereby apply for the Optional Life: \$	he following amounts of option	onal coverage and authorize the ne		
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e undersigned, hereby apply for the Optional Life: \$e: I, the Proposed Insured, de shall form part of the applitruth of this declaration in	he following amounts of option Signature: * clare that I have not smoked cation and become part of an	Spousal Optional Life: \$ Spousal Optional Life: \$ Non-Smoker Declaration a cigarette in the past 12 months. If y policy issued as a result of such a atement has been made in reference	I understand and agree that	this declaration will rely upon the
Optional Life: \$ The Proposed Insured, de shall form part of the applitruth of this declaration in	Signature: ** Clare that I have not smoked cation and become part of an issuing this policy. If a misst ayable; all paid premium will	Spousal Optional Life: \$ Spousal Optional Life: \$ Non-Smoker Declaration a cigarette in the past 12 months. If y policy issued as a result of such a atement has been made in reference	f understand and agree that application. The company to the Proposed Insured's	this declaration will rely upon the
I, the Proposed Insured, de shall form part of the appli truth of this declaration in status, no benefit will be pa	Signature:* clare that I have not smoked cation and become part of an issuing this policy. If a misst ayable; all paid premium will	Spousal Optional Life: \$ Non-Smoker Declaration a cigarette in the past 12 months. If y policy issued as a result of such a atement has been made in reference be refunded.	I understand and agree that application. The company se to the Proposed Insured's	this declaration will rely upon the s non-smoking
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Optional Life: \$	Signature: Signature: * clare that I have not smoked cation and become part of an issuing this policy. If a misst ayable; all paid premium will tional Life Insurance Benefit I have been given the opport	Spousal Optional Life: \$	I understand and agree that application. The company to the Proposed Insured's Date:	this declaration will rely upon the s non-smoking