



DISABILITY (DI) TO LONG TERM CARE (LTC)
CONVERSION APPLICATION

For use when converting disability insurance to LTC insurance
under the contractual provision in the DI policy.
(Applies to policies issued on or after August 5, 2008)

1. INSURED

Mr [ ] Mrs [ ] Ms [ ] Dr [ ] Other (specify) [ ] First Name
Middle Name Last Name
Date of Birth (dd/mm/yy)
Address: Apt No. Street City
Province Postal Code Telephone Number

2. PROPOSED OWNER OF THE LTC POLICY (if different than the Insured)

Mr [ ] Mrs [ ] Ms [ ] Other (specify) [ ] First or Company Name
Middle Name Last Name
Address: Apt No. Street City
Province Postal Code Attention:

If there is more than one proposed owner, please attach a separate sheet signed by the Proposed Owners with the
information above completed for the additional proposed owner(s).

3. QUESTIONNAIRE (to be completed by the Insured)

Table with 2 columns: Question, Yes, No. Contains 5 questions regarding disability needs and benefits.

If you answered "yes" to any of the above questions, a disability conversion to long term care is not available.

4. OTHER LTC COVERAGE

Do you have any other LTC insurance in force or pending with another company? Yes [ ] No [ ]

If "yes", please complete the following:

Table with 3 columns: Company, Daily Benefit Amount, Are you replacing this coverage with the converted LTC coverage applied for in this application? Yes [ ] No [ ]

**5. CONVERSION OF DISABILITY INSURANCE TO LTC**

- A full or partial conversion can be requested.
- If a partial conversion is requested, the amount remaining in force under the disability policy must satisfy our published administrative rules for minimum premium and monthly benefit amounts.
- If a partial conversion is requested, we will reduce your monthly disability indemnity starting with the last coverage added to your policy until we reach the amount you have requested.
- Only monthly disability benefit amounts that have been in force for 24 months from their respective issue dates may be used to determine the maximum LTC conversion available.
- The minimum monthly disability indemnity that must be converted under a partial conversion is \$1,000 per month.
- The minimum amount of LTC that must be purchased on conversion is \$10 per day.
- The maximum cumulative amount of LTC that can be purchased by conversion from all types of insurance policies with RBC Life Insurance Company (RBC Life) is \$200 per day.
- The terms and conditions governing the conversion are set out in the disability policy(ies) being converted.

**Conversion Table:** You may convert all or a part of the disability benefit in accordance with the following formula and maximums, subject to the other criteria listed above.

|                           | <b>Total Monthly Disability Benefit</b> | <b>Long Term Care Facility Benefit Available</b>                          |
|---------------------------|---|---|
| <b>Conversion Formula</b> | \$1,000 per month                       | \$33 per day or monthly equivalent rounded up to the nearest \$10 per day |
| <b>Conversion Maximum</b> | \$6,000 per month                       | \$200 per day or monthly equivalent                                       |

**Conversion Details:** Please indicate if this is a full or partial conversion: Full  Partial

If a partial conversion, is the remaining disability coverage to a) remain in force  or b) be cancelled

| Disability Policy(ies) to be Converted | Monthly Amount of Disability Coverage to be Converted |
|--|---|
|  |   |
|  |   |

**LTC FACILITY CARE APPLIED FOR:**

Amount per Day: \$ \_\_\_\_\_ (Consult the chart on pages 5-6 to determine amounts available)

Elimination Period: 90 days                      Benefit Period: 1 year  2 years  5 years  Lifetime

**Optional Benefits:**

Cost of Living Adjustment

Return of Premium on Death

Home Care  (Please complete the following) :

Amount per day \$ \_\_\_\_\_ (Consult the chart on pages 5-6 to determine the amount available. The amount cannot exceed the daily facility care benefit amount selected above)

Elimination Period: 90 days

Benefit Period (Must be less than or equal to the Facility Care benefit period that you applied for above):

365 days  730 days  1825 days  Lifetime

**6. PREMIUM PAYMENT**

Annual billing by premium notice  or Monthly Pre-Authorized Debit (PAD) (complete form on page 4)

If a deposit is being submitted with this application, please indicate amount of deposit \$ \_\_\_\_\_

If monthly payment by PAD has been selected, is the initial monthly premium to be withdrawn by PAD? Yes  No

**7. CONSENTS AND DECLARATIONS:**

**The Owner(s) of the existing disability policy(ies), the Insured and the Proposed Owner(s) of the Long Term Care (LTC) policy being applied for, declare to the best of their knowledge that all statements and answers in all parts of this application are full, complete and true, and agree that:**

- a. The LTC policy will be issued based on all the statements and answers provided by me/us in this application and in my/our prior application(s) to RBC Life Insurance Company (RBC Life) for disability insurance, that is/are being used as the basis for the conversion request. I/we declare that to the best of my/our knowledge and belief, all statements and answers in this application and the prior application(s) are full, true and complete as of the date I/we signed each application. I/we understand that if I/we have misstated any information, the LTC policy may be voided. This application and the prior application(s) will form part of the LTC policy. The incontestability provision in the LTC policy will apply in its entirety to this application, but it will not, except in the case of fraud, apply to the disability insurance application(s) that is/are being used as the basis for the conversion request.
- b. I/we acknowledge and agree that the effective date of any LTC policy issued as a result of this application will be the monthly anniversary date of the disability policy that next follows the date of this application. If more than one policy is being used in the conversion, the monthly anniversary chosen for the effective date of any new LTC coverage, will be the latest of all the monthly anniversary dates that next follow the date of this application;
- c. I/we authorize RBC Life to cancel and/or reduce the disability coverage, in accordance with the instructions provided in Section 5 of this application, as of the effective date of the LTC policy. I agree that such cancellation or reduction will be effective at 11:59 pm on the day before my LTC policy becomes effective. I understand that I cannot cancel or revoke this change and reinstate my disability insurance after the LTC policy is issued as a result of this application. I also understand that the premium for the LTC policy may be different than the premiums for the disability coverage which I am giving up, and I acknowledge that the LTC premiums are not guaranteed;
- d. Insurance under the LTC policy shall take effect only when (a) a policy tendered for delivery is accepted by the proposed owner(s) and (b) any and all conditions for the delivery of the policy to the proposed owner(s) have been satisfied completely, including but not limited to, the receipt of all amendments, and addendums required for the policy to take effect, signed by me/us within the period provided by RBC Life and (c) the full initial premium has been paid and (d) provided no change in insurability of the insured has taken place between the time of the conversion application and the delivery of the LTC policy. I/we will immediately advise RBC Life in writing, of any changes in the answers to the questions in this application between the time of this application and the delivery of the LTC policy;
- e. RBC Life shall not be liable for any claim on the LTC policy, commencing prior to the effective date of coverage of the LTC policy. Notwithstanding any interim premium payments, no temporary or conditional insurance is being provided to either the insured or the owner;
- f. I/we will discontinue any LTC policy(ies) shown to be discontinued in this application immediately upon delivery to me/us of the LTC policy issued as a result of this application. RBC Life will rely on such answers in determining the amount of LTC, if any, it will issue. If any LTC policy(ies) shown to be discontinued is/are not discontinued, the LTC policy issued as a result of this application may be voided;
- g. No statement made to and no information acquired by a representative of RBC Life shall be attributed to or binding upon RBC Life unless contained in the application. No one other than an officer of RBC Life may (a) alter or modify the terms of this application or policy or (b) waive any rights or requirements of RBC Life;
- h. I/we have read the section entitled "Collection and Use of Personal Information" appearing in this application and understand and agree to its terms;
- i. This provision is applicable only to the owner(s) of the disability policy(ies) being converted: I/we acknowledge and agree to this application and, in the event that I/we will not own the new long term care policy, I/we acknowledge and agree that I/we will have no ownership rights in the new LTC policy that may be issued as a result of this application.

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ Year \_\_\_\_\_  
 (city/province) (day) (month)

\_\_\_\_\_  
 Signature of Insured

\_\_\_\_\_  
 Signature of Proposed Owner(s) of the LTC policy (if different than the Proposed Insured)

\_\_\_\_\_  
 Signature of the Owner(s) of any disability policy being used to apply for the conversion to a LTC policy (if different than the insured)

## Pre-Authorized Debit (PAD) Agreement

The Payor(s) named below agrees that:

1. (a) RBC Life Insurance Company (RBC Life) is authorized to make scheduled monthly withdrawals to pay the premium in accordance with the premium schedule set out in this policy/policies, including the initial premium, if requested in this Application, against the account at the financial institution below, or any other financial institution that the Payor(s) may later designate.
- (b) **RBC Life is not required to provide notification before the Temporary Insurance Agreement premium and/or the initial premium is debited, or if the amount of withdrawal should vary.**
- (c) unless otherwise indicated in the Special Requests section below, such withdrawals shall be dated on the day of the month on which the premium is due under the policy or, if more than one policy is included in this Agreement, the withdrawals shall be dated to coincide with the existing policy/policies.
- (d) the financial institution indicated below is authorized now or at any subsequent time to honour any requests made by RBC Life to withdraw premium or fees from the account indicated below, which may include a redraw within 30 days should any withdrawal not clear the account,
- (e) notification of any change to the information provided below, shall be given to RBC Life by the Payor(s), at a minimum of 5 days prior to the next scheduled withdrawal. The Payor(s) agrees that from time to time they may authorize RBC Life to deduct such payments from another account upon the Payor's oral or written instructions.
- (f) this Agreement will terminate in respect of all policies included in it upon 10 days written notice by RBC Life or by the Payor(s). The Payor(s) may obtain further information on their right to cancel a PAD agreement by visiting the Canadian Payments Association website at [www.cdnpay.ca](http://www.cdnpay.ca)."
- (g) In the event that a PAD is disputed, the Payor(s) agrees to contact RBC Life. For recourse purposes, this PAD is considered a Personal PAD.

The Payor(s) has certain recourse rights if any debits do not comply with this agreement. For example, the Payor(s) has the right to receive reimbursement for any PAD that is not authorized or is not consistent with this PAD Agreement. To obtain more information on recourse rights, the Payor(s) may contact their financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).

- (h) the names and signatures of all persons required to authorize withdrawals from the account indicated are included below.
2. Add to existing PAD with policy number(s) \_\_\_\_\_
3. Special Requests (withdrawals are limited between the 1<sup>st</sup> – 28<sup>th</sup> of the month) \_\_\_\_\_

**Bank Information:**

**Please attach a sample cheque marked void (a line of credit account cannot be used).**

|                                       |                |             |                |
|---------------------------------------|----------------|-------------|----------------|
| Name of Bank or Financial Institution | Transit Number | Bank Number | Account Number |
|---------------------------------------|----------------|-------------|----------------|

Address \_\_\_\_\_

|      |          |             |
|------|----------|-------------|
| City | Province | Postal Code |
|------|----------|-------------|

Dated at \_\_\_\_\_ (city/province) this day of \_\_\_\_\_ (month/year)

|                                      |  |
|--------------------------------------|--|
| Print Name of Payor (Account Holder) | Print Name of Second Payor (Account Holder) (if any) |
|--------------------------------------|--|

|                    |                                    |
|--------------------|------------------------------------|
| Signature of Payor | Signature of Second Payor (if any) |
|--------------------|------------------------------------|

**Advisor Information (for RBC Life use only)**

|                         |   |  |                         |   |                |  |
|-------------------------|---|--|-------------------------|---|----------------|--|
| Date (dd/mm/yy)         |   |  |                         |   |                |  |
| Advisor's Signature     |   |  |                         |   |                |  |
| Advisor's Name          |   |  |                         |   |                |  |
| Advisor's Company Name  |   |  |                         |   |                |  |
| Marketing Office / MGA  |   |  |                         |   |                |  |
| Share                   | % | <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border-bottom: 1px solid black;">Servicing Advisor Code:</td> <td style="width: 50%; border-bottom: 1px solid black;">%</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;">Advisor Code :</td> </tr> </table> | Servicing Advisor Code: | % | Advisor Code : |  |
| Servicing Advisor Code: | % |  |                         |   |                |  |
| Advisor Code :          |   |  |                         |   |                |  |

## Disability to LTC Conversion - Maximum Benefit Chart

No Partial Conversions of less than \$1,000 are allowed

| DI Monthly Benefit to be Converted (Rounded Up to nearest \$100) | BASIC FORMULA                       |                                 | OPTION TO ALLOCATE FACILITY CARE BENEFIT TO HOME CARE   |  |  |
|--|-------------------------------------|---------------------------------|---|--|--|
|  | Facility Care Maximum Daily Benefit | Home Care Maximum Daily Benefit | Facility Care Amount that can be allocated to Home Care | Facility Care Maximum Daily Benefit adjusted for allocation to Home Care | Home Care Maximum Daily Benefit adjusted for allocation from Facility Care |
| 100  | 10                                  | 10                              | 0   | 10   | 10   |
| 200  | 10                                  | 10                              | 0   | 10   | 10   |
| 300  | 10                                  | 10                              | 0   | 10   | 10   |
| 400  | 20                                  | 10                              | 0   | 20   | 10   |
| 500  | 20                                  | 10                              | 0   | 20   | 10   |
| 600  | 20                                  | 20                              | 0   | 20   | 20   |
| 700  | 30                                  | 20                              | 0   | 30   | 20   |
| 800  | 30                                  | 20                              | 0   | 30   | 20   |
| 900  | 30                                  | 20                              | 0   | 30   | 20   |
| 1000   | 40                                  | 20                              | 10  | 30   | 30   |
| 1100   | 40                                  | 30                              | 0   | 40   | 30   |
| 1200   | 40                                  | 30                              | 0   | 40   | 30   |
| 1300   | 50                                  | 30                              | 10  | 40   | 40   |
| 1400   | 50                                  | 30                              | 10  | 40   | 40   |
| 1500   | 50                                  | 30                              | 10  | 40   | 40   |
| 1600   | 60                                  | 40                              | 10  | 50   | 50   |
| 1700   | 60                                  | 40                              | 10  | 50   | 50   |
| 1800   | 60                                  | 40                              | 10  | 50   | 50   |
| 1900   | 70                                  | 40                              | 10  | 60   | 50   |
| 2000   | 70                                  | 40                              | 10  | 60   | 50   |
| 2100   | 70                                  | 50                              | 10  | 60   | 60   |
| 2200   | 80                                  | 50                              | 10  | 70   | 60   |
| 2300   | 80                                  | 50                              | 10  | 70   | 60   |
| 2400   | 80                                  | 50                              | 10  | 70   | 60   |
| 2500   | 90                                  | 50                              | 20  | 70   | 70   |
| 2600   | 90                                  | 60                              | 10  | 80   | 70   |
| 2700   | 90                                  | 60                              | 10  | 80   | 70   |
| 2800   | 100                                 | 60                              | 20  | 80   | 80   |
| 2900   | 100                                 | 60                              | 20  | 80   | 80   |
| 3000   | 100                                 | 60                              | 20  | 80   | 80   |
| 3100   | 110                                 | 70                              | 20  | 90   | 90   |
| 3200   | 110                                 | 70                              | 20  | 90   | 90   |
| 3300   | 110                                 | 70                              | 20  | 90   | 90   |
| 3400   | 120                                 | 70                              | 20  | 100  | 90   |
| 3500   | 120                                 | 70                              | 20  | 100  | 90   |
| 3600   | 120                                 | 80                              | 20  | 100  | 100  |
| 3700   | 130                                 | 80                              | 20  | 110  | 100  |
| 3800   | 130                                 | 80                              | 20  | 110  | 100  |
| 3900   | 130                                 | 80                              | 20  | 110  | 100  |
| 4000   | 140                                 | 80                              | 30  | 110  | 110  |
| 4100   | 140                                 | 90                              | 20  | 120  | 110  |
| 4200   | 140                                 | 90                              | 20  | 120  | 110  |
| 4300   | 150                                 | 90                              | 30  | 120  | 120  |

## Disability to LTC Conversion - Maximum Benefit Chart

| DI Monthly Benefit to be Converted (Rounded Up to nearest \$100) | BASIC FORMULA                       |                                 | OPTION TO ALLOCATE FACILITY CARE BENEFIT TO HOME CARE   |  |  |
|--|-------------------------------------|---------------------------------|---|--|--|
|  | Facility Care Maximum Daily Benefit | Home Care Maximum Daily Benefit | Facility Care Amount that can be allocated to Home Care | Facility Care Maximum Daily Benefit adjusted for allocation to Home Care | Home Care Maximum Daily Benefit adjusted for allocation from Facility Care |
| 4300   | 150                                 | 90                              | 30  | 120  | 120  |
| 4400   | 150                                 | 90                              | 30  | 120  | 120  |
| 4500   | 150                                 | 90                              | 30  | 120  | 120  |
| 4600   | 160                                 | 100                             | 30  | 130  | 130  |
| 4700   | 160                                 | 100                             | 30  | 130  | 130  |
| 4800   | 160                                 | 100                             | 30  | 130  | 130  |
| 4900   | 170                                 | 100                             | 30  | 140  | 130  |
| 5000   | 170                                 | 100                             | 30  | 140  | 130  |
| 5100   | 170                                 | 110                             | 30  | 140  | 140  |
| 5200   | 180                                 | 110                             | 30  | 150  | 140  |
| 5300   | 180                                 | 110                             | 30  | 150  | 140  |
| 5400   | 180                                 | 110                             | 30  | 150  | 140  |
| 5500   | 190                                 | 110                             | 40  | 150  | 150  |
| 5600   | 190                                 | 120                             | 30  | 160  | 150  |
| 5700   | 190                                 | 120                             | 30  | 160  | 150  |
| 5800   | 200                                 | 120                             | 40  | 160  | 160  |
| 5900   | 200                                 | 120                             | 40  | 160  | 160  |
| 6000   | 200                                 | 120                             | 40  | 160  | 160  |

|                   |  |         |
|-------------------|--|---------|
| <b>Example 1:</b> | Benefit to be converted  | \$2,250 |
|                   | Benefit rounded up to nearest \$100  | \$2,300 |
|                   | Facility Care Maximum Daily Benefit  | \$80    |
|                   | Home Care Maximum Daily Benefit  | \$50    |
|                   | Facility Care Amount that can be allocated to Home Care                    | \$10    |
|                   | Facility Care Maximum Daily Benefit adjusted for allocation to Home Care   | \$70    |
|                   | Home Care Maximum Daily Benefit adjusted for allocation from Facility Care | \$60    |

|                   |  |         |
|-------------------|--|---------|
| <b>Example 2:</b> | Benefit to be converted  | \$3,500 |
|                   | Benefit rounded up to nearest \$100  | \$3,500 |
|                   | Facility Care Maximum Daily Benefit  | \$120   |
|                   | Home Care Maximum Daily Benefit  | \$70    |
|                   | Facility Care Amount that can be allocated to Home Care                    | \$20    |
|                   | Facility Care Maximum Daily Benefit adjusted for allocation to Home Care   | \$100   |
|                   | Home Care Maximum Daily Benefit adjusted for allocation from Facility Care | \$90    |

## The following pages are to be detached and kept by the Insured

### COLLECTION AND USE OF PERSONAL INFORMATION

#### Collecting your personal information

We (RBC Life 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 RBC Insurance®.

#### **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:

**RBC Life 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)

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