



DISABILITY TO LONG TERM CARE (LTC)
SPECIAL CONVERSION APPLICATION

For use when converting disability insurance to LTC insurance
under the special in force LTC Conversion offer
(Policies issued prior to August 5, 2008)

1. INSURED

Mr [] Mrs [] Ms [] Dr [] Other (specify) _____ First Name _____
Middle Name _____ Last Name _____

Date of Birth (dd/mm/yy) _____ Actual Age _____ (Must be between actual age 55 and less than
60 days past the insured's 65th birthday)

Age as of nearest birthday _____ (Used to determine the premium rate for the LTC policy)

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. PART A – PREQUALIFYING QUESTIONS

MUST be completed by the Insured in all cases

- a. Do you currently need or receive help in doing, or do you use mechanical aids, assistive devices,
special garments or utensils to do two or more of the following: bathing, eating, dressing, toileting,
transferring (such as but not limited to, the ability to move in and out of bed, chair or wheelchair, with
or without the use of equipment), maintaining continence (bladder and/or bowel)?.....
b. Within the past 5 years, have you consulted a physician, been treated or been advised to have
treatment, for any problems with attention, memory, orientation, reasoning or other loss of intellectual
capacity?.....
c. Do you have any problems with attention, memory or other loss of intellectual capacity for which you
require supervision from another person to help you or protect you and/or others?.....
d. Are you currently unable to work at least 30 hours per week due to sickness or injury?.....
e. Are you receiving disability benefits from any source, or do you have a claim pending or intend to file a
claim for disability benefits from any source?.....
f. Within the last 12 months have you submitted a claim for, or received disability benefits under the
disability policy being wholly or partially converted?.....
g. Have you ever had an application, change request or reinstatement request for long term care
insurance declined, postponed, cancelled, rescinded or modified?.....

Table with 2 columns: YES, NO. Rows correspond to questions a-g.

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

If you answered "no" to all of the questions, please proceed to Part B – Qualifying Questions.

PART B – QUALIFYING QUESTIONS

To be completed this only if the Insured answered “no” to all the questions in Part A.

	YES	NO
a. Have all the disability policies that you are using for conversion been in force for a minimum of 5 years?.....	<input type="checkbox"/>	<input type="checkbox"/>
b. Within the last 5 years, have you received benefits from any of the disability policies being wholly or partially converted?.....	<input type="checkbox"/>	<input type="checkbox"/>
c. Did you cease active work more than 90 days prior to the date of this application and have you remained unemployed during the 90 day period immediately preceding the date of this application? (“Active work” means working at least 30 hours per week performing all the regular duties of your occupation.).....	<input type="checkbox"/>	<input type="checkbox"/>
d. When the disability policy(ies) that you are using for the conversion were issued, were any special waivers or exclusions or waivers applied that are still active on the policy(ies)?.....	<input type="checkbox"/>	<input type="checkbox"/>

If you answered “yes” to any Part B questions, please proceed to Part C – Supplemental Questions.

If you answered “no” to all Part B questions, please proceed to Section 4.

PART C - SUPPLEMENTAL QUESTIONS

To be completed if the Insured answered “yes” to any of the questions in Part B.
Please answer “yes” or “no” only. Do not provide any details.

	YES	NO
a. Do you use a walker, wheelchair, four-pronged cane, motorized cart, hospital bed, oxygen equipment or stair lift or other mechanical aids or assistive devices, including special garments or utensils?.....	<input type="checkbox"/>	<input type="checkbox"/>
b. Have you ever had cancer where there has been any metastases or recurrence, or within the last 5 years, have you had any symptoms of, or any known indication of, or been treated or had any treatment or investigation recommended for cancer?.....	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had any symptoms of, or any known indication of, or been treated or had any treatment or investigation recommended for:		
c. Alzheimer disease, amyotrophic lateral sclerosis (ALS), Huntington’s chorea, Parkinson disease, motor neuron disease, multiple sclerosis or any demyelinating disease?.....	<input type="checkbox"/>	<input type="checkbox"/>
d. Hepatitis C, active Hepatitis B, HIV positive or AIDS?.....	<input type="checkbox"/>	<input type="checkbox"/>
e. Emphysema, chronic obstructive pulmonary disease or pulmonary fibrosis?.....	<input type="checkbox"/>	<input type="checkbox"/>
f. Asthma requiring the simultaneous use of more than 3 inhalers or for which you were hospitalized within the last 24 months?.....	<input type="checkbox"/>	<input type="checkbox"/>
g. Stroke, transient ischemic attack (TIA), embolism, arteritis, vasculitis, lupus (other than discoid), scleroderma, myasthenia gravis or post-polio syndrome?.....	<input type="checkbox"/>	<input type="checkbox"/>
h. Kidney problems or failure, and/or major organ transplant?.....	<input type="checkbox"/>	<input type="checkbox"/>
i. Neuropathy and have you used tobacco products, marijuana or hashish within the last 24 months or any neuropathy with anemia?.....	<input type="checkbox"/>	<input type="checkbox"/>
j. Ataxia (unstable walking), arthritis with any treatment other than by NSAID’s (non-steroidal anti-inflammatory drugs) or ASA (aspirin,) and/or osteoporosis with any fracture history?.....	<input type="checkbox"/>	<input type="checkbox"/>
k. Leukemia or lymphoma?.....	<input type="checkbox"/>	<input type="checkbox"/>
l. Diabetes mellitus?.....	<input type="checkbox"/>	<input type="checkbox"/>
m. Sleep apnea and you have used tobacco products, marijuana or hashish within the last 24 months?...	<input type="checkbox"/>	<input type="checkbox"/>

If you answered “Yes” to any Part C questions, a conversion to LTC insurance is not available. Do not submit an application.

If you answered “No” to all Part C questions, please proceed to Section 4.

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:

Company	Daily Benefit Amount	Are you replacing this coverage with the converted LTC coverage applied for in this application?
		Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>

5. PREMIUM PAYMENT

Annual billing by premium notice or Monthly Pre-Authorized Debit (PAD) (complete form on page 6)

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

Advisor Information (for RBC Life use only)

Advisor's Name					
Advisor's Company Name					
Marketing Office / MGA					
Share	%	Servicing Advisor Code:	%	Advisor Code :	

6. CONVERSION OF DISABILITY INSURANCE TO LTC

- Conversion is available for eligible disability insurance policy series only.
- Only monthly disability indemnities that have been in force for 24 months from their respective issue dates may be used to determine the maximum LTC conversion available.
- Disability policies with an extra premium rating of more than 50% do not qualify for conversion.
- Only disability policies or indemnities that have a “to age 65 or lifetime benefit period” and at least one coverage indemnity with an elimination period of 120 days or less, qualify for conversion.
- Retirement Protector riders do not qualify for conversion.
- Disability policies that have lapsed more than 60 days from the LTC conversion application signed date are ineligible for conversion.
- 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 eligible coverage added to your policy until we reach the amount you have requested.
- 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.

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.

	Total Monthly Disability Benefit	Long Term Care Facility Benefit Available
Conversion Formula	\$1,000 per month	\$33 per day or monthly equivalent
Conversion Maximum	\$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 9-10 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 9-10 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

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 Sections 6 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 premiums 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 coverage, 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

Ensure you read and understand the section entitled "Collection and Use of Personal Information"

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 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.
- (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.
- (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 1st – 28th 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 _____ this day of _____
(city/province) (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) _____

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 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

®Registered trademarks of Royal Bank of Canada. Used under licence.

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
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

Example 1:	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

Example 2:	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