

Supplementary Life Insurance - Enrolment Form

ALL SECTIONS MUST BE COMPLETED. INCOMPLETE OR FAXED FORMS WILL NOT BE PROCESSED.

PLEASE PRINT IN BLOCK LETTERS AND COMPLETE IN INK

<input type="checkbox"/> New applicant	<input type="checkbox"/> Beneficiary Change	<input type="checkbox"/> Change in coverage
1. Employee Identification		
Employee Number	Date of Birth (YYYY/MM/DD)	Employee province or state of residence
Family (Last Name)	First Name	Middle Name
2. Beneficiary's identification – If a beneficiary is not assigned "ESTATE" will be assumed		
Family (Last) Name	First Name	Beneficiary's Relationship
<p>For Quebec residents only</p> <p>In Quebec, the designation of your spouse as beneficiary is irrevocable unless otherwise specified. If spouse is beneficiary, designation is:</p> <p><input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable</p>		
<p>Note:</p> <p>If beneficiary is shown as irrevocable, his/her consent is required to change it. Include a signed and dated consent with this form. You are responsible for ensuring the validity of your designation.</p>		
IMPORTANT		
If you apply more than 31 days following your hire date as a new employee, or if you want to increase your coverage, you will be required to complete an Evidence of Insurability Form. In order to obtain dependent coverage, the employee must purchase at least \$10,000 of coverage.		
3. I wish to be insured for the following coverage (in dollars).		Check only one box
Note: Retirees are limited to \$50,000 of coverage only		
<input type="checkbox"/> 10,000	<input type="checkbox"/> 20,000	<input type="checkbox"/> 30,000
<input type="checkbox"/> 60,000	<input type="checkbox"/> 70,000	<input type="checkbox"/> 80,000
<input type="checkbox"/> 110,000	<input type="checkbox"/> 120,000	<input type="checkbox"/> 130,000
<input type="checkbox"/> 160,000	<input type="checkbox"/> 170,000	<input type="checkbox"/> 180,000
<input type="checkbox"/> 40,000	<input type="checkbox"/> 90,000	<input type="checkbox"/> 100,000
<input type="checkbox"/> 140,000	<input type="checkbox"/> 150,000	<input type="checkbox"/> 200,000
<input type="checkbox"/> 190,000	<input type="checkbox"/> 200,000	
4. I wish to insure my eligible dependents for life benefits (in dollars): <input type="checkbox"/> Yes <input type="checkbox"/> No		Check only one box
Note: Retirees age 65 and over are limited to 1 unit of coverage only (5,000)		
Spouse	Children	Spouse Children
<input type="checkbox"/> 5,000	<input type="checkbox"/> 2,500	<input type="checkbox"/> 10,000 5,000
<input type="checkbox"/> 20,000	<input type="checkbox"/> 10,000	<input type="checkbox"/> 25,000 12,500
<input type="checkbox"/> 35,000	<input type="checkbox"/> 17,500	<input type="checkbox"/> 15,000 7,500
<input type="checkbox"/> 30,000		<input type="checkbox"/> 30,000 15,000
5. Employee Signature		
I hereby apply for insurance under the supplementary life insurance plan and authorize the deduction from my pay for any contributions I must make toward the cost of these benefits		
Employee Signature		Date
6. Reserved for Employee Services		
Employee date of hire (YYYY/MM/DD)	Late application <input type="checkbox"/> Yes <input type="checkbox"/> No	Active <input type="checkbox"/> Retired <input type="checkbox"/>
Signature		Date

