

## Manitoba Public School Employees Group Life Insurance Plan Application

Please complete this form using **BLUE** ink.

Plan Member Last Name

Plan Member First Name and Initial

Date of Birth

Gender

Day | Month | Year | Male | Female | Undisclosed | Other

Were you covered under this plan in another school division within 6 months prior to your date of hire?

Yes | No

If **Yes**, what was your previous school division?

*(If you wish to elect a higher Group Life option than you were previously insured for, or add Family Life, you must apply and provide medical evidence of insurability to Canada Life.)*

1. **GROUP LIFE INSURANCE**

I hereby apply for Group Life Insurance coverage equal to:  
(Maximum \$1,000,000)

2x annual salary  
3x annual salary  
4x annual salary  
5x annual salary

2. **FAMILY LIFE INSURANCE**

I hereby apply for optional Family Life Insurance:

Yes | No

3. **ACCIDENT INSURANCE**

I hereby apply for optional Accident Insurance:

Yes | No

If yes, number of units applied for, each unit worth \$18,000:  
(Maximum 20 units or \$360,000)

Type of coverage applied for:

Single | Family



**For more information on plan design, options and cost please visit the plan website at:**  
[www.mpsebp.ca](http://www.mpsebp.ca)

**Beneficiary Designations** (the plan member is the beneficiary for dependent benefits)

In naming the beneficiaries shown below, I hereby revoke all previous beneficiary designations I may have made under this plan.

**For Group Life and Accident Insurance:**

**Primary Beneficiary(ies)**

Name of revocable beneficiary | Relationship to plan member | Percent allocated

Name of revocable beneficiary | Relationship to plan member | Percent allocated

Name of revocable beneficiary | Relationship to plan member | Percent allocated

**Contingent Beneficiary(ies)**

Name of revocable beneficiary | Relationship to plan member | Percent allocated

Name of revocable beneficiary | Relationship to plan member | Percent allocated

Name of revocable beneficiary | Relationship to plan member | Percent allocated

**Note: Unless the law requires otherwise, the entitlement of any beneficiary who predeceases me will revert to my surviving Primary Beneficiary(ies) in equal shares, or if there is no surviving Primary Beneficiary(ies), to my Contingent Beneficiary(ies). If there is no appointed or surviving Contingent Beneficiary(ies), the entitlement will revert to my Estate.**

**Trustee Appointment:**

If designating a beneficiary who is a minor or who lacks legal capacity, you may wish to appoint a trustee by completing this section. If you are designating a trustee, we recommend you consult with a legal advisor, and with any proposed trustee. I hereby appoint the following trustee to receive and to hold in trust, on behalf of any beneficiary, money payable to the beneficiary under this group benefits plan where, at the time payment is to be made, the beneficiary is a minor or otherwise lacks legal capacity. The trustee shall act prudently and may use the money, including any returns on it or investments made, for the education and/or maintenance of the beneficiary. The trust will terminate once the beneficiary is of the age of majority and has legal capacity. At that time, the trustee shall deliver to the beneficiary all assets held in trust.

Trustee Last Name	First Name	Middle Initial	Relationship to Plan Member
-------------------	------------	----------------	-----------------------------

I hereby authorize the necessary deduction from my earnings of premium contributions for insurance for which I have applied. I also waive my rights to any insurance to which I may not be entitled or that I have not specifically applied for, as indicated above. I understand that any subsequent application for insurance (except Accident Insurance) will be subject to satisfactory evidence of insurability.

Date	Signature of Plan Member (in ink)
------	-----------------------------------

**Protecting Your Privacy**

The Manitoba Public School Employees Group Life Insurance Plan, in conjunction with your employer, is working to ensure compliance with applicable privacy laws, and, as always, maintains security, privacy and confidentiality over all private employee information. We are continually working with our insurer, plan administrators, auditors, consultants and others to make sure that no information is collected, reviewed or transferred beyond what is necessary for effective plan enrolment, benefit processing and payment. We require all insurers and group benefit service providers to confirm their compliance with applicable privacy laws and the employer's general privacy policies and procedures for group benefit plan information management. Plan audit and design reviews are conducted based on sanitized data which excludes the use of names or other means of identification.

**For Office Use Only**

Plan Member Name	Date of Employment	Occupation
------------------	--------------------	------------