

Basic Life Insurance Plan

Please print in ink and retain a copy for your records in a secure place

Status of Employee	<input type="checkbox"/> Active Employee	<input type="checkbox"/> Retired Employee in Receipt of Immediate Pension	
Type of Transaction	<input type="checkbox"/> Enrollment/Amendment	<input type="checkbox"/> Change of Beneficiary	<input type="checkbox"/> Change of Name

A - Employee Information

Surname	First Name	Initials	Employee ID No.	Male <input type="checkbox"/>	Date of Birth
				Female <input type="checkbox"/>	Year Month Day
Address	City	Prov.	Postal Code	Country	Telephone No.

B - Coverage Options - Retiree only (Please select one)

Full Amount Flat \$10,000 (Coverage terminates at age 65) Decline Coverage - Complete Section E below
 I understand the Retiree Basic Life Insurance coverage offered to me but decline to participate.

C - Beneficiary Designation/Change of Beneficiary

Note For more than 3 beneficiaries, attach separate sheet. You are responsible to ensure that the beneficiary designation is complete (last name, first name, middle initial). If the beneficiary designation is incomplete or not assigned, your estate will be deemed to be the beneficiary. You must make your beneficiary designation revocable or irrevocable by checking one of the boxes below. A revocable beneficiary can be changed at any time without the consent of the revocable beneficiary. An irrevocable beneficiary designation cannot be changed without the written consent of the irrevocable beneficiary; to obtain a consent form, contact your local Benefits representative. **Where Quebec law applies, a spousal beneficiary (whether married or civil union spouse) is irrevocable unless you make the designation revocable.**

If more than one beneficiary is designated, ensure that the appropriate % share of benefit is shown below:

1	% of benefit <input type="text"/> %	Beneficiary's Surname	First Name	Initials	Relationship to Employee		
	Revocable <input type="checkbox"/>	Address	City	Prov./State	Postal/Zip Code	Country	Telephone No.
	Irrevocable <input type="checkbox"/>						
2	% of benefit <input type="text"/> %	Beneficiary's Surname	First Name	Initials	Relationship to Employee		
	Revocable <input type="checkbox"/>	Address	City	Prov./State	Postal/Zip Code	Country	Telephone No.
	Irrevocable <input type="checkbox"/>						
3	% of benefit <input type="text"/> %	Beneficiary's Surname	First Name	Initials	Relationship to Employee		
	Revocable <input type="checkbox"/>	Address	City	Prov./State	Postal/Zip Code	Country	Telephone No.
	Irrevocable <input type="checkbox"/>						

D - Trustee Clause

If designating a beneficiary who is a minor or who otherwise lacks legal capacity, you may wish to appoint a trustee/administrator by completing this section. This appointment may not be suitable for all purposes. **We recommend you consult with a legal advisor, and with any proposed trustee/ administrator. Do not complete this section if you have made another trustee/ administrator appointment.**

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 policy where, at the time payment is to be made, the beneficiary is a minor or otherwise lacks legal capacity. Any such payment, to its extent, will release the Insurance Company and Canada Post from further liability. 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.

FOR QUEBEC ONLY

Where this appointment is governed by Quebec law, "trustee" shall be understood as "administrator", and their related terms and concepts understood accordingly. This appointment shall be interpreted in accordance with the provisions governing the administration of the property of others, under the Quebec Civil Code.

Trustee's Surname	First Name	Initials
Relationship to Employee		
Address		
City	Prov.	Postal Code
Country	Telephone No.	

E - Cancellation of Insurance - Retiree Only

I understand the Retiree Basic Life Insurance coverage offered to me but decline to participate. I understand that I cannot rejoin the Plan at a later date.

Retiree's Signature	Year	Month	Day
Witness' Signature	Year	Month	Day

Address	City	Prov.	Postal Code	Country	Telephone No.
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F - Authorization and Protection of Personal Information

I hereby apply for coverage under the Basic Life Insurance Plan and authorize the deduction from my pay/my pension of any contributions I must make towards the cost of this benefit. I understand and agree that the personal information that you collect from me will be used to provide the group coverage and to administer the benefits. Access to this personal information is limited to those who require it to administer this benefit in the performance of their duties, those to whom I have granted access, and those authorized by law. I agree that a photocopy or electronic copy of this form is as valid as the original. I certify that the information given is true, correct and complete to the best of my knowledge.

Employee's/Retiree's Signature	Year	Month	Day
Witness' Signature - Other than the beneficiary (ies)	Year	Month	Day

Address	City	Prov.	Postal Code	Country	Telephone No.
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G - Office Use Only

Plan No.	Effective Date of Coverage/Change	Year	Month	Day	Benefits Representative Name	System Updated	Year	Month	Day
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