

Manitoba Public School Employees Group Life Insurance Plan Application

Employee Last Name

Employee First Name and Initial

Date of Birth

Sex

Day

Month

Year

Male

Female

1. GROUP LIFE INSURANCE

I hereby apply for Group Life Insurance coverage equal to:

- 200% of Annual Earnings
 300% of Annual Earnings
 400% of Annual Earnings
 500% of Annual Earnings
 600% of Annual Earnings
 700% of Annual Earnings

2. FAMILY LIFE INSURANCE

I hereby apply for optional Family Life Insurance

- Yes No

3. ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE

I hereby apply for optional AD&D Insurance

- Yes No

If yes, number of units applied for, each unit being worth \$15,000 (maximum 20 units or \$300,000):

Type of coverage applied for:

- Single Family

 For more information on plan design, options and cost please visit our website at: www.mbschoolboards.ca/whatwedo/mpseglip

Beneficiary Designations (the plan member is the beneficiary for Family Life Insurance)

In naming the beneficiaries shown below, I hereby revoke all prior designations I may have made with respect to this insurance:

For Group Life Insurance and Accidental Death and Dismemberment Insurance

Name of Revocable Beneficiary

Relationship to Employee

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 Insured

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 AD&D) will be subject to satisfactory evidence of insurability.

Date

Signature of Employee (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.