

BENEFICIARY DESIGNATION

Please print clearly, use INK, sign and date the form.

1 EMPLOYEE INFORMATION. To be completed by Employee						INSTRUCTIONS GUIDE	
Company Name		Employee Name (First Name, Last Name)				<p>Completed original forms should be saved in employee files.</p> <p>Please print clearly, to ensure accurate entry of your information.</p>	
Date of Birth (DD/MM/YYYY)	Language Preference <input type="checkbox"/> English <input type="checkbox"/> French	Home Phone, including area code					
Street Address				Suite Number			
City	Province	Postal Code	Employee Email Address				
2 PRIMARY BENEFICIARY DESIGNATION. To be completed by Employee.							
<p>The plan member is the beneficiary of insurance on the lives of his or her dependents. Unless otherwise stipulated or prohibited by law, the designation is Revocable. If the beneficiary is shown as Irrevocable, his/her consent is required to change it. In Quebec the designation of your spouse (marriage or civil union) as beneficiary is Irrevocable unless otherwise specified.</p>							
Last Name	First Name	Date of Birth (dd/mm/yy)	Relationship to Employee	Percentage (must total 100%)	<p>Revocable – can be changed without the consent of the beneficiary</p> <p>Irrevocable – Named beneficiary must sign off on any changes</p>		
				%			
				%			
<p>If you are a resident of the province of Quebec and you name your legal spouse (married or civil union) as the beneficiary, this beneficiary will be irrevocable unless you check the revocable box <input type="checkbox"/> Revocable Beneficiary</p>							
<p>Minor Clause (Trustee for children under the Age of Majority. In Quebec, any amount payable to a minor beneficiary during his/her minority will be paid to the parent(s) or legal guardian on his/her behalf)</p>							
Trustee Name			Relationship to Life Insured				
<p>As indicated above the trustee is hereby appointed to receive any payment due on or after the life insured's death to any BENEFICIARY DESIGNATED on this form who is a minor on the date such payment(s) fall due.</p>							
3 CONTINGENT BENEFICIARY To be completed by Employee, if applicable.							
<p>If there are no surviving beneficiaries at the time of my death, I declare that the following contingent beneficiaries shall receive the proceeds. If there are no surviving contingent beneficiaries at the time of my death, the proceeds shall be paid to my estate. Unless specified otherwise, my contingent beneficiaries will apply to all my benefits. The designations you make on this form replace any prior beneficiary designations.</p>							
Last Name	First Name	Date of Birth	Relationship to Employee	Percentage of Benefit	<p>Can be used as a secondary beneficiary designation in the event the original designated beneficiary predeceases the insured.</p>		
				%			
				%			
<p>If you are a resident of the province of Quebec and you name your legal spouse (married or civil union) as the beneficiary, this beneficiary will be irrevocable unless you check the revocable box <input type="checkbox"/> Revocable Beneficiary</p>							
4 Authorizations & Declarations. To be completed by Employee (sign and date in ink).							
<ol style="list-style-type: none"> 1. I designate the person(s) named above under Beneficiary Designation as beneficiary(s). 2. I declare that the information I have provided on this form is true and complete, and understand that if any of the information provided is incomplete or false my benefits may be terminated. 3. A photocopy or electronic version of this authorization is as valid as the original. 4. I certify that I am authorized to disclose and receive information about my Spouse and/or Dependents. 							
Plan Member Signature				Date DD/MM/YYYY			
5 Employer Acknowledgement. To be completed by Plan Administrator.							
Name		Signature			Date DD/MM/YYYY		
<p>ABOUT YOUR PRIVACY: At HealthSource Plus, we recognize and respect the importance of privacy. Any information you provide us will be kept in a group life and health benefits file. We limit access to personal information to authorized staff or persons authorized by HealthSource Plus who require it to perform their duties, to persons you have granted access, and to persons authorized by law. We use the information you provide us for the administration, eligibility and adjudication of your benefits under your plan.</p>							