GROUP LIFE BENEFICIARY DESIGNATION

Public Service Benefit Plan - Policy 6878

Where ideas work

This form must be completed if you wish to designate one or more beneficiaries for your Basic Life Insurance, Optional Employee Life Insurance and Optional Employee AD&D Insurance coverage in the event of your death. If you do not complete this form, it will default to your estate.

Instructions:

1. Type or print (as legibly as possible) information to complete Sections 1- 4. Print, sign (in ink) and record the date in Section 5. **DO NOT use *whiteout* as it will invalidate the form.** Instead, cross out errors and initial any corrections you make.
2. Mail ORIGINAL to: Benefit Service Centre, Block E – 2261 Keating Cross Road, Saanichton, BC V8M 2A5

Keep a copy for your records.

1. Employee Information

Given name(s) in full	Last name	Ministry/Organization
Home/Mailing address (Street, City Postal Code)		Email address
Date of birth (m/d/yy)	Social Insurance Number	Gender (☑) ☐ M ☐ F
Employment Status (☑) ☐ Active employee ID _____ ☐ Retired member		

2. Beneficiary Designation

Under the **Group Life Insurance Plan** contracted under the *Public Service Benefits Plan Act*, I hereby revoke any previous designation and want any moneys payable upon my death to be disbursed as follows:

Mark the appropriate box (☑) ☐ My Estate ☐ The Beneficiary(ies) designated below

Important!
Are you designating more than three beneficiaries? (☑)

☐ No
☐ Yes

If so, please record beneficiaries four and above on a second copy of this form. **Number, sign and date both forms. Note that the signatures and dates on both forms must match to validate the forms.**

Form Number:

Form of

Beneficiary's name	Percentage allocated
Mailing address	
Date of birth (m/d/yy)	Relationship to employee
Beneficiary's name	Percentage allocated
Mailing address	
Date of birth (m/d/yy)	Relationship to employee
Beneficiary's name	Percentage allocated
Mailing address	
Date of birth (m/d/yy)	Relationship to employee

3. Trustee Appointment

Consider nominating a trustee for any minor beneficiary(ies) (under the age of 19). If living, the Trustee is to receive and disburse any moneys payable under the said group policy to my beneficiary(ies) during minority, and any payments made to the said trustee shall discharge CANADA LIFE ASSURANCE COMPANY to the extent of such payment. If no trustee is nominated for the minor beneficiary(ies), the moneys will be paid to the Public Guardian and Trustee of BC and be managed until the child reaches age 19.

Trustee's name	Relationship to employee
Mailing address	

4. Additional Information

(if required)

5. Employee Authorization

Employee signature	Date signed (m/d/yy)

Freedom of Information and Protection of Privacy Act (FOIPPA)

This information is collected by the British Columbia Public Service under s. 26(c) of FOIPPA. Any questions about the collection and the use of this information can be directed to an HR Service Representative at the BC Public Service Agency by submitting a request to AskMyHR and selecting My Team/ Organization > Employee & Labour Relations > Other Issues & Inquiries, phoning: 1-877-277-0772 or writing to: Manager, Contact Centre Operations, BC Public Service Agency, 810 Blanshard Street, Victoria, BC V8W 2H2.

For more information about your benefits, contact **MyHR** at: www.gov.bc.ca/myhr/contact.