



Request to Increase Coverage

(EVIDENCE OF INSURABILITY **REQUIRED**)

MANITOBA PUBLIC SCHOOL EMPLOYEES GROUP LIFE INSURANCE PLAN

Policy No. 335114

Name

Address

Occupation

Current Earnings

\$

per annum

Current Coverage:

A. Group Life (check one)

- 200%
- 300%
- 400%
- 500%
- 600%
- 700%

B. Family Life

- Yes
- No

C. Accident Insurance

- Number of \$18,000 units _____
- single coverage
 - family coverage

New Level of Coverage Being Applied For:

A. Group Life (check one)

- 300%
- 400%
- 500%
- 600%
- 700%

B. Family Life

- Yes
- No

C. Accident Insurance (maximum 20 units)

- Number of \$18,000 units _____
- single coverage
 - family coverage

Signature of Employee

Date

School Division

Signed

Secretary Treasurer or Payroll Professional

Please remit to Great-West Life at the address below along with the completed *Medical and Lifestyle Questionnaire (M5995)*.

Great-West Life Assurance Company
 Group Medical Underwriting
 PO Box 6000
 Winnipeg, MB R3C 3A5

Fax: 204-946-8558
 Email: groupmed@gwl.ca