



Request to Increase or Reduce Coverage
(EVIDENCE OF INSURABILITY NOT REQUIRED)

MANITOBA PUBLIC SCHOOL EMPLOYEES GROUP LIFE INSURANCE PLAN
Policy No. 335114

Name
Address
Current Earnings \$ \_\_\_\_\_ per annum

Current Coverage:

- A. Group Life (check one)
O 200%
O 300%
O 400%
O 500%
O 600%
O 700%
B. Family Life
O Yes
O No
C. Accident Insurance
Number of \$18,000 units \_\_\_\_\_
O single coverage
O family coverage

New Level of Coverage Being Applied For:

- A. Group Life (check one)
O 200%
O 300%
O 400%
O 500%
O 600%
O 700%
B. Family Life
O Yes
O No
C. Accident Insurance (maximum 20 units)
Number of \$18,000 units \_\_\_\_\_
O single coverage
O family coverage
O select if this is annual enrolment period

Employee Declaration to Increase Coverage Without Evidence of Insurability:

I hereby declare that I have experienced one of the following life events within the last 90 days, or will experience one of the following life events within the next 90 days, that may qualify me for increased insurance without providing evidence of insurability. Please select the applicable life event and declare the correct date:

- O 1. Legal marriage Date
O 2. One year of common-law marriage Date
O 3. Birth or adoption of my first dependent child Date
O 4. Divorce Date
O 5. End of common-law marriage Date
O 6. Loss of my coverage through my spouse's plan Date
O 7. Death of spouse Date

Family Life insurance can only be added without evidence of insurability if you apply within the 90-day period before or after gaining your first dependent. This only applies to life events 1, 2 and 3 above.

I understand that a legal marriage resulting from an existing common-law marriage of one year or more does not constitute a life event as described above and increased coverage will only be granted following the submission of satisfactory evidence of insurability. I also understand that if I am currently on leave of absence, or away from work for any reason, increased insurance will not take effect until my return to active employment at my regular place of work.

Signature of Employee

Date

School Division

Signed

Secretary Treasurer or Payroll Professional