



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 Canada Life at the address below along with the completed *Medical and Lifestyle Questionnaire (M5995)*.

The Canada Life Assurance Company
Group Medical Underwriting
PO Box 6000
Winnipeg, MB R3C 3A5

Fax: 204-946-8558
Email: groupmed@canadalife.com