



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:

- | | | |
|--|--|--|
| <p>A. Group Life (check one)</p> <p>200% _____</p> <p>300% _____</p> <p>400% _____</p> <p>500% _____</p> | <p>B. Family Life</p> <p>Yes _____</p> <p>No _____</p> | <p>C. Accident Insurance (<i>Maximum 20 units</i>)</p> <p>Number of \$18,000 units _____</p> <p>Single coverage _____</p> <p>Family coverage _____</p> |
|--|--|--|

New Level of Coverage Being Applied For:

- | | | |
|--|--|--|
| <p>A. Group Life (check one)</p> <p>(<i>Maximum \$1,000,000</i>)</p> <p>200% _____</p> <p>300% _____</p> <p>400% _____</p> <p>500% _____</p> | <p>B. Family Life</p> <p>Yes _____</p> <p>No _____</p> | <p>C. Accident Insurance (<i>Maximum 20 units</i>)</p> <p>Number of \$18,000 units _____</p> <p>Single coverage _____</p> <p>Family coverage _____</p> |
|--|--|--|

Signature of Plan Member

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