



Request to Increase Coverage

(EVIDENCE OF INSURABILITY *REQUIRED*)

MANITOBA PUBLIC SCHOOL EMPLOYEES GROUP LIFE INSURANCE PLAN

Name _____

Address _____

Occupation _____

Current Earnings \$ _____

\$

_____ per annum

Current Coverage:

A. Group Life (check one)

200%

300%

400%

500%

B. Family Life

Yes

No

C. Accident Insurance (*Maximum 20 units*)

Number of \$18,000 units _____

Single coverage

Family coverage

New Level of Coverage Being Applied For:

A. Group Life (check one)

(*Maximum \$1,000,000*)

200%

300%

400%

500%

B. Family Life

Yes

No

C. Accident Insurance (*Maximum 20 units*)

Number of \$18,000 units _____

Single coverage

Family coverage

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