



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:

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

New Level of Coverage:

- | | | |
|--|--|---|
| <p>A. Group Life (check one)</p> <p>(<i>Maximum \$1,000,000</i>)</p> <p><input type="radio"/> 200%</p> <p><input type="radio"/> 300%</p> <p><input type="radio"/> 400%</p> <p><input type="radio"/> 500%</p> | <p>B. Family Life</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> | <p>C. Accident Insurance (<i>Maximum 20 units</i>)</p> <p>Number of \$18,000 units: _____</p> <p><input type="radio"/> Single coverage</p> <p><input type="radio"/> Family coverage</p> <p><input type="radio"/> Select if this is annual enrolment period</p> |
|--|--|---|

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 effective date of the life event:

- | | |
|--|---|
| <p><input type="radio"/> 1. Legal marriage</p> <p><input type="radio"/> 2. One year of common-law marriage</p> <p><input type="radio"/> 3. Birth or adoption of my first dependent child</p> <p><input type="radio"/> 4. Divorce</p> <p><input type="radio"/> 5. End of common-law marriage</p> <p><input type="radio"/> 6. Loss of my coverage through my spouse's plan</p> <p><input type="radio"/> 7. Death of spouse</p> | <p>_____</p> <p style="text-align: center;"><i>Date</i></p> <p>_____</p> <p style="text-align: center;"><i>Date</i></p> <p>_____</p> <p style="text-align: center;"><i>Date</i></p> <p>_____</p> <p style="text-align: center;"><i>Date</i></p> <p>_____</p> <p style="text-align: center;"><i>Date</i></p> <p>_____</p> <p style="text-align: center;"><i>Date</i></p> |
|--|---|

*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 Plan Member

Date

School Division _____

Signed _____

Secretary Treasurer or Payroll Professional