



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><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 Being Applied For:

- | | | |
|--|--|--|
| <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> |
|--|--|--|

I 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

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