Human Resources
Optional Life Insurance Enrolment/Change Form

Employee Number: A __ ___ ___ ___ ___ ___ ___ ___ ___

Name (please print): _____   _____
First   Last

Application for Optional Life Insurance:

Important - Beneficiary form must be completed for each life insurance benefit. Obtain beneficiary form from Human Resources.

1. Optional Life Insurance

1 X ANNUAL EARNINGS ☐   2 X ANNUAL EARNINGS ☐   3 X ANNUAL EARNINGS ☐

Please note - If optional life insurance is over $50,000 or if you are considered a late applicant, you must obtain appropriate forms from HR to apply for coverage.

Effective date for coverage under $50,000 will be the employee's date of hire. Effective date for coverage over $50,000 or for late applicants will be the date the benefit is approved by Manulife. Payroll deductions would commence at this time.

2. Optional Spousal & Dependant Life Insurance

SPOUSE $5,000/DEPENDANT $2,000 ☐

Effective date for coverage is the employee's date of hire as long as application for coverage is made within 31 days of date of hire. After 31 days, an employee must obtain appropriate forms from HR to apply for coverage, and effective date of coverage will be the date the benefit is approved by Manulife. Payroll deductions would commence at this time.

Cancellation of Optional Life Insurance:

☐ Cancellation of Optional Life Insurance

☐ Cancellation of Optional Spousal & Dependant Life Insurance

Please note – If at a later date you decide that you would like to resume participation in the optional life benefits, the carrier would require that you (as well as dependents, if applicable) provide medical evidence of insurability. Based on this medical information, the carrier would approve or deny benefit coverage.

I certify that all information contained hereon is correct and hereby authorize any required payroll deductions for optional life insurance benefits under my employer's program. I understand that my personal information will be kept confidential and secure.

_____   _____
EMPLOYEE'S SIGNATURE   **DATE**

OFFICE USE ONLY

Effective date (DD/MM/YY): _____   PDADEDN ☐   Date: _____

HR Authorization: _____   Payroll Initial: _____

Details: _____

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