

1 To be completed by the Retiree (Please Print) - see information on reverse

Last Name:

First Name & Middle Initial:

Date of Birth (dd/mm/yyyy):

Social Insurance Number:

Preferred Method of Contact:

Email

Mail

 I elect **not** to continue my coverage past age 65.

I elect to continue my coverage past age 65 in the amount of \$ _____ effective _____ 20 ____

Note: Principal Sum must be a multiple of \$10,000 to a maximum of the level of insurance in effect on the retiree's 65th birthday.

Principal Sum will be reduced by 10% per year to age 75 with no reduction in premium rate.

This reduction in insurance coverage will occur annually on the first of the month following the retiree's birthday.

Authorization:

By electing to continue my coverage past age 65, I authorize my Pension Plan to deduct such amounts as may be required for the above insurance coverage.

Failure to make a premium payment when due shall constitute termination of coverage.

The retroactive payment of premiums will not be cause for reinstatement of insurance coverage.

 Witness Name

 Retiree Signature

 Date (dd/mm/yyyy)

 Witness Signature

2 To be completed by the Employer (Please Print) - see information on reverse

Level of insurance in effect on the retiree's 65th birthday: \$ _____

 Level of insurance elected by retiree: \$ _____ x \$1.00 / 1,000 = \$ _____
 (must be a multiple of \$10,000)

**Total Monthly premium
 rate to age 75**
Level of insurance in effect per year to age 75

Year 1:		Year 6:	
Year 2:		Year 7:	
Year 3:		Year 8:	
Year 4:		Year 9:	
Year 5:		Year 10:	

 Authorized Signature

 Date (dd/mm/yyyy)

Group Life Insurance Election to Continue to Age 75 Provisions and Instructions

The retiree is responsible for the below information and for reviewing the election to continue to age 75 provisions in the Group Life Insurance Booklet which can be found at www.plannera.ca/benefits.

- Coverage under the Group Life Insurance Plan must be in effect at age 65 in order to be eligible to continue coverage to age 75.
- Coverage under this election to continue provision may continue until the end of the month in which the retiree has his/her 75th birthday.
- A retiree may terminate his/her coverage by giving one months written notice to the Public Employees Benefits Agency.
- A *Designation of Beneficiary* form must be completed and attached to this form.
- Designation may be changed at any time by completing a new *Designation of Beneficiary* form.

Example:

② To be completed by the Employer (Please Print)

Level of insurance in effect on the retiree's 65th birthday: \$ _____

Level of insurance elected by retiree: \$ 10,000/20,000 x \$1.00 / 1,000 = \$ 10.00/20.00
(must be a multiple of \$10,000)

**Total Monthly premium
rate to age 75**

Level of insurance in effect per year to age 75

Year 1:	\$ 10,000/20,000	Year 6:	\$ 5,000/10,000
Year 2:	\$ 9,000/18,000	Year 7:	\$ 4,000/8,000
Year 3:	\$ 8,000/16,000	Year 8:	\$ 3,000/6,000
Year 4:	\$ 7,000/14,000	Year 9:	\$ 2,000/4,000
Year 5:	\$ 6,000/12,000	Year 10:	\$ 1,000/2,000

Authorized Signature

Date (dd/mm/yyyy)