

New Enrolment

Cancellation of Optional Coverage

Change of Name

Optional Coverage Application
(after 31 days of employment)

Enrolment Form

The *Designation of Beneficiary* form must be completed and attached to this form.

SECTION A: EMPLOYEE INFORMATION (Please print)		
Employee Last Name	Employee First Name and Initial	Employee Number
SECTION B: TO BE COMPLETED BY THE EMPLOYEE (See information on reverse)		
Please check the level of insurance requested:		
Basic Life Insurance		
Basic Life Insurance:	Basic coverage is equal to two times (2x) annual earnings.	
Optional Life Insurance		
Optional Life Insurance #1:	Optional coverage #1 is equal to Basic Life Insurance PLUS an additional one times (1x) annual earnings to a maximum total coverage of \$500,000.	
Optional Life Insurance #2:	Optional coverage #2 is equal to Basic Life Insurance PLUS an additional two times (2x) annual earnings to a maximum total coverage of \$500,000.	
Optional Life Insurance #3:	Optional coverage #3 is equal to Basic Life Insurance PLUS an additional three times (3x) annual earnings to a maximum total coverage of \$500,000.	
Optional Life Insurance #4:	Optional coverage #4 is equal to Basic Life Insurance PLUS an additional four times (4x) annual earnings to a maximum total coverage of \$500,000.	
I authorize my employer to deduct from my salary such amounts as may be required for the above insurance coverage.		
Signature of Employee		Date (day/month/year)
Signature of Witness		Date (day/month/year)
SECTION C: TO BE COMPLETED BY THE EMPLOYER *PLEASE DO NOT INCLUDE ANY LOA INFORMATION IN THIS SECTION		
Please check one of the following: For Retirements and Death Claims - attach a copy of Optional Coverage approval letter/email if applicable.		
Termination	Retirement	Disability
		Employee Death
		Dependent Death
Employee's Mailing Address (Street, Box #, Ste. #)	City	Province
		Postal Code
Employee's Birthdate (d/m/y)	Date of Employment (d/m/y)	Date Last Worked (d/m/y)
Premiums paid up to date (Payroll)		Amount of Last Employee Premium
		\$
Basic Annual Salary	Total Amount of Insurance in Force	Division Number
\$	\$	

Coverage

Insurance coverage includes the following:

- employee life
- dependent life (spouse and dependent children)
- accidental death and dismemberment (employee life only)

Annual Earnings

Annual Earnings for a Permanent or Labour Service Employee means basic annual salary rounded up to the next higher \$500 if not already a multiple of \$500.

Annual Earnings for a Non-permanent Employee means basic annual salary as determined by the Non-permanent Employee's Participating Employer.

Conversion Option

The Group Life Insurance policy contains a Conversion Option.

Where the insurance of an employee terminates, the employee and/or spouse may be entitled to purchase an individual policy from the insurance carrier for any amount of insurance up to a maximum of the level in effect immediately prior to the termination of coverage under the Group Life Insurance Plan.

To apply for the conversion option the employee and/or spouse must, within 31 days of coverage terminating:

- contact Plannera at (306)787-3440 to request a Conversion Option Notification Form; and
- contact Great-West Life Assurance at 1-800-665-0551 to make written application for an individual policy, and submit the first premium payment.

The conversion option will not be available if the above steps are not completed within 31 days of coverage terminating under the Plan.

Optional Life Insurance Coverage

If Optional Life Insurance coverage is elected within 31 days of employment, medical evidence of insurability is not required. If Optional Life Insurance coverage is elected after 31 days of employment, an Optional Group Life Insurance Application - Medical and Lifestyle Questionnaire must be reviewed and approved by the Insurance Carrier before the Optional Life Insurance coverage will be granted.

Employee Responsibility

It is the employee's responsibility to keep current on his/her Group Life Insurance coverage.

The employee is responsible for checking with his/her employer in meeting the requirements for continuing Group Life Insurance coverage during any period of lay-off or leave of absence.

If an employee elects to continue Group Life Insurance coverage during a period of lay-off or leave of absence, the Lay-off/Leave of Absence Form must be completed and the premiums paid prior to the commencement of the lay-off/leave of absence.

Failure to pay premiums on a regular and timely basis shall constitute termination of coverage under the Group Life Insurance Plan.

An employee who does not elect to continue coverage waives all rights to make a claim against the Plan while on lay-off/leave of absence.

Coverage under the Group Life Insurance Plan cannot be obtained retroactively.