

## RETIRED MEMBER GROUP LIFE BENEFICIARY DESIGNATION

- This form is used to indicate who you wish to receive the proceeds of your group life policy in the event of your death.
- **See reverse for instructions, further details or making a claim.**
- **When completed, mail the form to:**  
Benefits Service Centre  
Block E, 2261 Keating Cross Road  
Saanichton BC V8M 2A5
- Telephone: Victoria & all of BC Toll-free: 1 877 277-0772  
Outside of BC: Call Enquiry BC at 1 604 668-2421  
and ask for a transfer to 1 877 277-0772

**Freedom of Information and Protection of Privacy Act (FOIPPA)** The personal information requested on this form is collected for the purpose of administering the *Public Service Benefit Plan Act* and is in accordance with the *FOIPPA*. Questions about the use and collection of this information can be directed to the FOI Designate at 250 544-5400, or toll-free at 1 877 277-0772, Telus Sourcing Solutions, Block E, 2261 Keating Cross Road, Saanichton BC V8M 2A5.

### PART A - PLAN MEMBER

RETIRED MEMBER LAST NAME	FIRST NAME	
MAILING ADDRESS OF RETIRED MEMBER – Include apt. no., street number and name, general delivery, post office box, RR, site and comp. number, etc.		
CITY	PROVINCE	POSTAL CODE
SOCIAL INSURANCE NUMBER	RETIRED MEMBER BIRTHDATE YYYY / MM / DD	

### PART B - GROUP LIFE BENEFITS TO BE PAYABLE AS FOLLOWS

Under the **Group Life Insurance Plan** contracted under the *Public Service Benefit Plan Act*, I hereby revoke any previous designation and designate the following as beneficiary:

FULL NAME OF BENEFICIARY OR ESTATE

RELATIONSHIP OR ESTATE	BENEFICIARY'S BIRTHDATE YYYY / MM / DD	
MAILING ADDRESS OF BENEFICIARY		
CITY	PROVINCE	POSTAL CODE

### PART C - Use this space if required for Additional Beneficiaries, Designating a Trustee, and/or other information not noted above.

(IF DESIGNATING ADDITIONAL BENEFICIARIES, PLEASE INCLUDE SAME INFORMATION AS PART B.)

### PART D - RETIRED MEMBER AUTHORIZATION

**Instructions:** Please sign and date and mail to the Benefits Service Centre.

SIGNATURE	DATE SIGNED YYYY / MM / DD
<b>X</b>	

# RETIRED MEMBER GROUP LIFE BENEFICIARY DESIGNATION

## Benefit Summary

- The amount of your group life coverage is that which you had at the time of retirement.

## Benefit Payment

- You may designate your estate, or beneficiary(ies) to receive the insurance payment in the event of your death.
- If your designated beneficiary is pre-deceased and you have not completed a new beneficiary designation form, payment will default to your estate.
- If you have a minor beneficiary you may also designate a Trustee to supervise the funds. Please note that the insurance company does not supervise the Trustee in any manner. Should you die and leave a minor beneficiary(ies) without designating a Trustee, the Public Trustee will take on this function.
- For any changes to your beneficiary(s) or their information, please complete a new form and re-submit to the Benefits Service Centre.
- For more information, refer to Employee Benefits on the internet at: [www.bcpublicservice.ca/benefits/](http://www.bcpublicservice.ca/benefits/)

## Instructions for Completing the Group Life Beneficiary Designation Form

- Please print clearly in INK.
- Complete all applicable sections of the form and forward to the Benefits Service Centre. Make sure you SIGN and DATE the form in part D.
- Crossed out beneficiary designations must be initialed. Do not use Liquid Paper for corrections.

## Making a Claim

Claims include:

- Group Life Insurance
- Accidental Dismemberment and Loss of Sight Benefit
- Terminal Illness Advance Payment
- Funeral Advance
- Optional Spouse and Dependent Insurance

To initiate a claim or for assistance, please contact the Benefits Service Centre.

## Questions?

For questions about your group life insurance coverage or beneficiary information, contact the Benefits Service Centre Toll-free at 1 877 277-0772.