



# NURSES/PsYCHIATRIC NURSES GROUP LIFE INSURANCE PLAN ELECTION

## INSTRUCTIONS:

- To be completed **ONLY** by Regular and Qualified Auxiliary employees of the Government of the Province of British Columbia and B.C. Mental Health Society represented by the Union of Psychiatric Nurses and B.C. Nurses' Union.
- This form is to be completed **ONLY** by employees covered by the Group Life Insurance Plan on April 30, 1990.
- Additional information and forms are available on our Internet: [www.bcpublicservice.ca/benefits](http://www.bcpublicservice.ca/benefits), or contact the Benefits Service Centre toll-free at 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.

## EMPLOYEE INFORMATION

EMPLOYEE LAST NAME	FIRST NAME	MIDDLE INITIAL	SOCIAL INSURANCE NO.

EMPLOYEE HOME ADDRESS – Include PO Box No.

CITY	PROVINCE	POSTAL CODE

MINISTRY / EMPLOYER NAME	DEPARTMENT ID	EMPLOYEE ID	UNION CODE
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## CERTIFICATION BY EMPLOYEE

- I wish to change my Group Life Insurance Plan minimum coverage from \$40,000 to that currently in effect for new, qualified employees in my bargaining unit.
- I understand that by making this change, the "Death-In-Service" provision will no longer apply to me in the event of my death. In addition, I understand this election, once made, is irreversible.

EMPLOYEE SIGNATURE	DATE SIGNED
▶	YYYY MM DD

## CERTIFICATION BY PAY OFFICE

PAYROLL ACTION TAKEN:

OFFICER SIGNATURE	DATE SIGNED
▶	YYYY MM DD

PRINT NAME OF SIGNING OFFICER	TELEPHONE NO.
	( )

### FORWARD ORIGINAL TO:

BENEFITS SERVICE CENTRE  
Block E, 2261 Keating Cross Road  
Saanichton BC V8M 2A5

### FORWARD ONE COPY TO:

- PAY OFFICE
- EMPLOYEE