

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 the instruction page for further details.

When completed, mail to the Benefits Service Centre.

Please do not use photocopies of this form.

For optimum accuracy, please print in capital letters and avoid contact with the edge of the box.

0	1	2	3	4	5	6	7	8	9			
A	B	C	D	E	F	G	H	I	J	K	L	M
N	O	P	Q	R	S	T	U	V	W	X	Y	Z

PART A - EMPLOYEE INFORMATION

EMPLOYEE LAST NAME FIRST NAME

MINISTRY / EMPLOYER

MAILING ADDRESS OF EMPLOYEE - Include apt. no., street number and name, general delivery, post office box, RR, site and comp. no., etc.

CITY PROVINCE POSTAL CODE

SOCIAL INSURANCE NO. - - DEPARTMENT ID (MIN - PAYLIST) - EMPLOYEE ID

EMPLOYEE BIRTHDATE / /

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 want any moneys payable upon my death to be disbursed as follows.

Instructions: Mark the appropriate box(es) with an **X**.

- My Estate
- The Beneficiary(ies) designated in Part C
- The Trustee designated in Part D for the minor beneficiary designated in Part C

PART C - BENEFICIARY(IES) DESIGNATED (continued on page 2)

Instructions: Please complete this section if you selected Beneficiary(ies) in Part B. Moneys are divided equally among living beneficiaries.

I hereby nominate and appoint:

BENEFICIARY'S LAST NAME FIRST NAME

MAILING ADDRESS OF BENEFICIARY - Include apt. no., street number and name, general delivery, post office box, RR, site and comp. no., etc.

CITY PROVINCE POSTAL CODE

BENEFICIARY'S BIRTHDATE / / BENEFICIARY'S RELATIONSHIP TO YOU

BENEFICIARY'S LAST NAME FIRST NAME

MAILING ADDRESS OF BENEFICIARY - Include apt. no., street number and name, general delivery, post office box, RR, site and comp. no., etc.

CITY PROVINCE POSTAL CODE

BENEFICIARY'S BIRTHDATE / / BENEFICIARY'S RELATIONSHIP TO YOU



PART C - BENEFICIARY(IES) DESIGNATED (continued from page 1)

BENEFICIARY'S LAST NAME												FIRST NAME											
MAILING ADDRESS OF BENEFICIARY - Include apt. no., street number and name, general delivery, post office box, RR, site and comp. no., etc.																							
CITY												PROVINCE						POSTAL CODE					
BENEFICIARY'S BIRTHDATE								BENEFICIARY'S RELATIONSHIP TO YOU															
YYYY				MM				DD															

PART D - TRUSTEE CLAUSE

Instructions: Please complete this section if you selected a Trustee in Part B.

I hereby nominate and appoint:

TRUSTEE'S SURNAME - If company, include full name.												FIRST NAME - Use initial if not enough space.											
MAILING ADDRESS OF TRUSTEE - Include apt. no., street number and name, general delivery, post office box, RR, site and comp. no., etc.																							
CITY												PROVINCE						POSTAL CODE					
TRUSTEE'S RELATIONSHIP TO YOU																							

If living, the Trustee is to receive and disburse any moneys payable under the said group policy to my beneficiary(ies) during minority, and any payments made to the said trustee shall discharge THE GREAT-WEST LIFE ASSURANCE COMPANY to the extent of such payment.

PART E - ADDITIONAL INFORMATION (NOT NOTED ABOVE)

PART F - EMPLOYEE AUTHORIZATION

Instructions: Enter the date signed and your signature. Mail original form to the Benefits Service Centre.

For Benefits Service Centre Use Only.

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DATE SIGNED YYYY	MM	DD	EMPLOYEE SIGNATURE
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



DO NOT WRITE IN THIS SPACE



GROUP LIFE BENEFICIARY DESIGNATION

This form must be used to designate one or more beneficiaries for all group life insurance coverage under the *Public Service Benefit Plan Act*.

Benefit Payment

- If you are eligible for group life insurance you should designate a beneficiary(s) to receive the insurance payment in the event of your death. If you wish to designate different beneficiary(s) for basic and optional employee life insurance, you need to complete Part E – Additional Information.
- For more information, refer to the Benefits Web site at: <https://employee.gov.bc.ca/src/index.cfm?objectID=196>, or www.bcpublicservice.ca/benefits/.
- For any changes to your beneficiary(s) or their information, please complete a new form and re-submit.
- If you have a minor beneficiary, you may also designate a Trustee to supervise the funds. Please note that neither the insurance company nor your employer supervise the Trustee in any manner. Should you die and leave minor beneficiaries without designating a Trustee, the Public Trustee will take on this function.
- If you do not complete this form to indicate your beneficiary(s), your group life insurance and any optional employee life insurance will be paid to your estate. Benefits paid to your estate are subject to probate.

Form Processing – Employee

- Please use original forms only. Forms are machine processed and uniquely numbered to keep both pages together so photocopies are not acceptable.
- Additional forms are available on the Internet at: <https://employee.gov.bc.ca/src/index.cfm?objectID=196> or www.bcpublicservice.ca/benefits/.
- Complete all applicable sections of the form and forward the original to:
Benefits Service Centre,
Block E, 2261 Keating Cross Road
Saanichton BC V8M 2A5
- Do not use whiteout, etc., on the form. Cross out and initial the changes like you would do on a cheque.
- Care in printing clearly and carefully, one character per box and staying within the boxes without touching the sides, will assist us to register this designation as soon as possible.

Questions/Multiple Beneficiaries?

Contact the Benefits Service Centre toll-free at **1 877 277-0772** if you have any questions, or if you have more beneficiaries than will fit on this form.

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.