

Designation of Beneficiary form(s) must be completed and attached to this form.

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

Last Name: _____		First Name & Middle Initial: _____	
Date of Birth (dd/mm/yyyy): _____		Social Insurance Number: _____	
Employer Name (Department): _____		Division Number: _____	
Please check one of the following:		New Retirement	Change of Name
Was the employee on a Group Life Premium Waiver immediately prior to retirement?		Yes	No
Name of Pension Plan: _____			

2 To be completed by the Employee and/or Spouse (Please Print) - see information on reverse

Employee Election:

I elect **not** to continue my coverage to age 65 and understand that my coverage terminates on my employment termination date.

I elect to continue my coverage to age 65 in the amount of: \$ _____

Spousal Optional Group Life Insurance Election:

I elect **not** to continue my coverage under the Group Life Insurance Plan.

I elect to continue my coverage in the amount of: \$ _____

Authorization

By electing to continue my coverage, I authorize my Pension Plan to deduct such amounts as may be required for myself and/or my spouse's insurance. Failure to make a premium payment shall constitute termination of coverage. Retroactive payment of premiums will not be cause for reinstatement of insurance coverage.

Employee Signature _____	Date (dd/mm/yyyy) _____	Witness Signature _____
Spouse Signature _____	Date (dd/mm/yyyy) _____	Witness Signature _____

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

Level of insurance in effect on date of retirement:		\$ _____
Basic/Optional/Other insurance elected:	\$ _____	
Less: Value of Retirement Death Benefit Certificate:	\$(_____)	
	\$ _____	x _____ = \$ _____
		Rate/\$1,000
Unit Coverage:	Employee _____ units at \$ _____ per unit	\$ _____
	Spouse _____ units at \$ _____ per unit	\$ _____
	Group Life Premium	\$ _____
	Total Monthly Premium:	\$ _____

Employee Signature _____	Date (dd/mm/yyyy) _____
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To be completed by the Policyholder

Authorized Signature _____	Date (dd/mm/yyyy) _____	Checked By _____
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Group Life Insurance Election to Continue to Age 65 Provisions and Instructions

Eligible Employees

Employees must be eligible to retire under a Government-sponsored pension plan and be insured under the Group Life Insurance Plan on the date immediately preceding retirement.

Coverage under this election to continue provision may continue until the end of the month in which the employee turns age 65.

An employee may terminate his/her coverage by giving one month's written notice to the Public Employees Benefits Agency.

Premiums are payable on a monthly basis and are not prorated for a partial month of coverage.

Premiums are to be deducted from the monthly pension payment. In extenuating circumstances, other methods for paying premiums may be discussed with the Public Employees Benefits Agency.

Employee Coverage

Coverage for retired employees includes the following:

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

The maximum level of employee life insurance coverage that may be continued is that amount in effect immediately prior to the employee's date of retirement, less the value of the Retirement Death Benefit Certificate.

Spousal Optional Coverage

Employee life insurance must be continued in order for a spouse to be eligible to continue his/her spousal optional life insurance coverage.

Coverage for a spouse of a retired employee includes the following:

- spousal optional life

The maximum level of spousal optional coverage that may be continued is that amount in effect immediately prior to the employee's date of retirement.

Spousal optional coverage will terminate immediately upon the termination of the employee life insurance coverage continued under the Election to Continue provision.

Conversion Option

The Group Life Insurance policy contains a Conversion Option.

Where the insurance of a retiree and/or spouse terminates, that individual will 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.

Written application of an individual policy must be submitted to the insurance carrier within 31 days of termination of coverage under the Group Life Insurance Plan.

Individuals should contact the Public Employees Benefits Agency in writing prior to the termination of coverage if interested in the Conversion Option.

Designation of Beneficiary

Employees and spouses electing to continue coverage must each complete and attach a separate Designation of Beneficiary form to this form.

Designations may be changed at any time upon the completion of a new Designation of Beneficiary form.

Employee Responsibility

Where Spousal Optional Life Insurance is in effect, the employee must advise the Public Employees Benefits Agency immediately of any change in marital status.