

## Contact Information

First Name:  Last Name:

Employer:

Address:

E-mail:  Phone:

Is your organization included in inter-office mail?  Yes  No

Indicate the number of forms you would like in the space provided.

### Benefit Plan Enrolment

[Download](#)

#### PUBLIC EMPLOYEES GROUP LIFE INSURANCE PLAN FORMS

##### Executive Government Employees For Employee Service Centre Use

- Group Life Enrolment (Salary-based) [Download](#)
- Group Life Enrolment (Unit-based) [Download](#)

##### All Other Participating Employers

- Group Life Enrolment (Salary-based) [Download](#)
- Group Life Enrolment (Unit-based) [Download](#)

Designation of Beneficiary [Download](#)

Leave of Absence - Group Life/Disability Income Plan [Download](#)

Election to Continue to Age 65

Election to Continue to Age 75

Retirement Death Benefit Certificate Request

Employers Proof of Death - Death of Employee

Employers Proof of Death - Death of a Dependent

Optional Group Life Insurance Application [Download](#)

Non-smoking Declaration [Download](#)

#### PUBLIC EMPLOYEES DISABILITY INCOME PLAN FORMS

Disability Income Plan Enrolment [Download](#)

Job Demand Analysis

Application for Disability Income Plan Benefits

Leave of Absence - Group Life/Disability Income Plan [Download](#)

#### PUBLIC EMPLOYEES DENTAL PLAN FORMS

Dental Claim [Download](#)

Great West Life Direct Deposit Authorization [Download](#)

#### PUBLIC EMPLOYEES EXTENDED HEALTH CARE FORMS

Extended Health Care [Employee Forms](#)

Extended Health Care Plan Retiree Claim [Download](#)

Extended Health Care Plan Retiree Enrolment [Download](#)

Pre-authorized Payment for Retiree [Download](#)

#### PUBLIC EMPLOYEES DEFERRED SALARY LEAVE PLAN FORMS

Deferred Salary Leave Plan Application [Download](#)

All Plan member booklets are available on the [Benefits website](#) under each individual benefit Plan.

Requested forms will be mailed to the contact information provided within two business days.

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