

**Healthcare Benefit Trust Policy #16277**  
**Joint Community Benefits Trust Policy #168689**  
**Joint Facilities Benefits Trust Policy #168688**  
**Joint Health Science Benefits Trust Policy #168687**

## APPOINTMENT/CHANGE OF BENEFICIARY FOR GROUP LIFE

Original Appointment  
 Change

Benefits Identification Number \_\_\_\_\_

Name of Employee \_\_\_\_\_

Date of Birth \_\_\_\_\_

Sex

Male  Female

Surname, Given Names \_\_\_\_\_

Day      Month      Year

Date of Employment \_\_\_\_\_

Effective Date of Coverage \_\_\_\_\_

Name of Employee Group and Class Code \_\_\_\_\_

Day      Month      Year

Day      Month      Year

*I appoint as my beneficiary of the benefit payable in the event of my death:*

Surname, Given Names	Relationship to Employee	% of distribution	Beneficiary Type

*if living, otherwise my Estate. I reserve the right to change this appointment.*

**Use of Personal Information to Administer the Benefit Plan (Group Life and Long Term Disability):** I agree that I participate in a benefit plan provided by one of the health and welfare trusts listed above (referred to in this authorization as the "Trust")\*. I authorize that Trust and the agents of that Trust (which agents may include the Healthcare Benefit Trust) to collect, use and exchange my personal information when necessary to determine my eligibility for, and to administer the benefit plan provided through that Trust. I understand that the Trust uses my Social Insurance Number to create a Benefits Identification Number that is unique to me and that it is used to identify me and to administer my benefits.

\*if you require confirmation of which trust applies to you, contact your union or your employer.

\_\_\_\_\_ Date Signed by Employee |      |      |  
 Employee's Signature Day      Month      Year

**Submit the original completed form to your employer.**  
**Remember to review your beneficiary designation periodically.**  
**To change your beneficiary designation, complete a new Appointment/Change of Beneficiary form.**

Date Coverage Is Terminated \_\_\_\_\_

Employer \_\_\_\_\_ Day      Month      Year

**Note to Employer: Retain the completed form(s) on file for seven (7) years.**

## BENEFICIARY TYPES

<b>Primary</b>	Person(s) to receive the death benefits upon the death of the employee
<b>Contingent</b>	Person(s) to receive death benefits upon the death of the employee and primary beneficiary(ies)
<b>Estate</b>	
<b>Trustee of minor children</b>	Any payment becoming due during their minority to be paid to John Smith, as Trustee. Payment to said Trustee shall discharge the insurance company and the Healthcare Benefit Trust

## SAMPLE BENEFICIARY DESIGNATIONS FOR GROUP LIFE

<b>Beneficiary</b>	<b>Wording for Appointment of Beneficiary form</b>
<b>No named beneficiary</b>	Estate
<b>One beneficiary</b>	Martha Doe, wife
<b>Two beneficiaries in succession</b>	Martha Doe, wife, or in the event of her death, Richard Doe, son
<b>Three or more beneficiaries in succession</b>	Martha Doe, wife, or in the event of her death, Richard Doe, son, or in the event of his death, Jane Doe, daughter
<b>Two beneficiaries in equal shares</b>	Jane Doe and Mary Doe, children, in equal shares, or the survivor of them
<b>Three or more beneficiaries in equal shares</b>	Jane Doe, Mary Doe, and Richard Doe, children, in equal shares or the survivors of them, in equal shares, or the survivor of them
<b>One beneficiary followed by two beneficiaries in equal shares</b>	Martha Doe, wife, or in the event of her death, Jane Doe and Mary Doe, children, in equal shares, or the survivor of them
<b>One beneficiary followed by three or more beneficiaries in equal shares</b>	Martha Doe, wife, or in the event of her death, Jane Doe, Mary Doe, and Richard Doe, children, in equal shares or the survivors of them, in equal shares or the survivor of them
<b>Wife or unnamed children</b>	Martha Doe, wife, or in the event of her death, children, if any*, in equal shares or the survivors of them, in equal shares, or the survivor of them * If desired add here - "born of the marriage of the life insured to the said Martha Doe".
<b>Unnamed children</b>	Children, if any*, in equal shares or the survivors of them, in equal shares, or the survivor of them *If desired add here - "born of the marriage of the life insured to _____".
<b>Estate</b>	Estate
<b>Trustee for minor children</b>	Mary and Joe Doe, children in equal shares. Any payment becoming due during their minority to be paid to John Smith, as Trustee. Payment to said Trustee shall discharge the insurance company and the Healthcare Benefit Trust.
<b>Institution (e.g. church or charity)</b>	"XYZ Agency", charitable institution, address. Note: It is important that you first contact the institution to obtain the correct name, chapter/location (if applicable) and address.