

**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 AND ACCIDENTAL DEATH & DISMEMBERMENT**

Original Appointment
 Change

Benefits Identification Number _____

Name of Employee _____
 Surname, Given Names _____

Date of Birth _____ Sex
 Male Female
Day Month Year

Date of Employment _____ Effective Date of Coverage _____
Day Month Year Day Month Year

Name of Employee Group and Class Code _____

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, Accidental Death & Dismemberment 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.

 Employee's Signature Date Signed by Employee

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	<small>Day Month Year</small>
Note to Employer: Retain the completed form(s) on file for seven (7) years.	

BENEFICIARY TYPES

Primary	Person(s) to receive the death benefits upon the death of the employee
Contingent	Person(s) to receive death benefits upon the death of the employee and primary beneficiary(ies)
Estate	
Trustee of minor children	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 AND ACCIDENTAL DEATH & DISMEMBERMENT

Beneficiary	Wording for Appointment of Beneficiary form
No named beneficiary	Estate
One beneficiary	Martha Doe, wife
Two beneficiaries in succession	Martha Doe, wife, or in the event of her death, Richard Doe, son
Three or more beneficiaries in succession	Martha Doe, wife, or in the event of her death, Richard Doe, son, or in the event of his death, Jane Doe, daughter
Two beneficiaries in equal shares	Jane Doe and Mary Doe, children, in equal shares, or the survivor of them
Three or more beneficiaries in equal shares	Jane Doe, Mary Doe, and Richard Doe, children, in equal shares or the survivors of them, in equal shares, or the survivor of them
One beneficiary followed by two beneficiaries in equal shares	Martha Doe, wife, or in the event of her death, Jane Doe and Mary Doe, children, in equal shares, or the survivor of them
One beneficiary followed by three or more beneficiaries in equal shares	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
Wife or unnamed children	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".
Unnamed children	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 _____".
Estate	Estate
Trustee for minor children	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.
Institution (e.g. church or charity)	"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.