

**APPOINTMENT/CHANGE OF BENEFICIARY
FOR GROUP LIFE AND DEPENDENT 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.

Is Dependent Life coverage required?

Yes No

The Dependent Life beneficiary is the employee.

Use of Personal Information to Administer the Benefit Plan (Group Life, Dependent 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

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

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.