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

Surname, Given Names

Date of Birth

Day Month Year

Date of Employment

Day Month Year

Effective Date of Coverage

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 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 <u>original</u> 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.

Employer

Date Coverage Is Terminated

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, spouse
Two beneficiaries in succession	Martha Doe, spouse, or in the event of their death, Richard Doe, child
Three or more beneficiaries in succession	Martha Doe, spouse, or in the event of their death, Richard Doe, child, or in the event of their death, Jane Doe, child
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, spouse, or in the event of their 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, spouse, or in the event of their 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
Spouse or unnamed children	Martha Doe, spouse, or in the event of their 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.