

Group Insurance Administration Manual

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This manual contains general information concerning the benefits provided under the Public Servants Group Insurance Plan. All legal rights with respect to benefits under the Group Insurance Plans are governed by the Master Policies issued by the Great-West Life Assurance Company Limited and in the event of any variation between this summary and the provisions of the policies, the Master Policies will prevail.

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A. History of Insurance Plan

The Group Insurance Plan for employees of the Province of Manitoba began on May 1, 1960. It was underwritten by The Canada Life Assurance Company and administered by The Civil Service Superannuation Board. The Dependents Insurance Plan was added April 1, 1962.

Departmental employees of the Civil Service (casual and seasonal employees) were brought into the Plan on September 1, 1967.

Favourable claims experience resulted in bonus insurance. Employees who retired at age 65 or later qualified for a nominal amount of Paid-up insurance. These benefits were introduced in May, 1968.

Term employees who worked continuously for 12 months were brought into the Plan on July 1, 1970.

Effective the first day of the pay period including July 1, 1974, the amount of insurance under the Group Life Insurance Plan was increased to one, two or three times the employee's salary at the employee's option, up to a maximum of \$50,000. Employees who took early retirement were permitted to continue 50% of their insurance to age 65, reducing to 25% of their insurance until age 70. At age 70, the insurance reduced to \$1,000. A retiring employee could elect to take \$1,000 of insurance without further premiums at retirement or at any time thereafter prior to age 70. An Accidental Death and Dismemberment Insurance Plan began on the first day of the pay period including July 1, 1974.

Effective the first day of the pay period including May 1, 1977, the Dependents Group Life Insurance Plan was revised to provide \$10,000 insurance on the spouse and \$2,000 on each eligible child. The revised Plan allows retiring employees at their option to continue reduced amounts of Dependents Insurance to age 70.

Effective January 1, 1979, the Dependents Group Life Insurance Plan was changed to provide insurance based on the age of the dependent as well as to terminate at the earlier of the employee or the insured spouse reaching age 70. The rate was also increased from 87¢ bi-weekly to \$1.03 bi-weekly (\$1.90 to \$2.24/month).

Favourable claims experience resulted in the introduction on July 1, 1979 of increased maximums under the Life Insurance Plan to bring the amount of insurance available at Class 3 to \$75,000.

In addition to increased maximums at each Class, there was an additional amount of 7% to be paid in the event of death claims. Also, a dividend of 10% was introduced to a maximum of \$5,000. The 10% dividend terminated May 31, 1981, and following that, a 5% dividend was paid on death claims prior to July 1, 1984. The Accidental Death and Disablement benefits were also increased to correspond to new maximums excluding the 7% and 10% additional amounts.

A. History of Insurance Plan

On July 1, 1984, more improvements to the Group Life Insurance Plan were introduced. The maximum insurance at each of the existing Classes was increased so that at Class 3 the maximum was \$112,500 and a higher Class 4 became available to provide insurance based on four times (4X) an employee's salary to a maximum of \$150,000. Also, payment of a dividend was reintroduced on a revised basis. The dividend payable on claims from July 1, 1984 to April 30, 1992 was equal to 10% of the exact amount of insurance in force on June 30, 1984, to a maximum of \$8,025, or for new employees, 10% of the insurance initially provided. Insurance for employees who attain age 51 or older reduced on January 1st of each year. A new formula for insurance following retirement was also introduced. There were no changes made to the Accidental Death and Disablement Insurance or Dependents Insurance Plans.

As a result of favourable claims experience since 1984, further improvements were introduced effective May 1, 1992. The maximum insurance available at each Class was increased and a fifth Class was introduced so that at Class 5, the maximum insurance available is 5 x \$70,000 (maximum salary) or \$350,000. The first four Classes of insurance remain cost shared (employee/employer) while the fifth Class is all employee paid. The dividend and the minimum test were eliminated from the Plan. The Plan was also improved to increase the age from 51 to 56 at which time insurance commences to reduce based on the employees age on January 1st of each year. Paid up insurance policies were also increased from \$1,000 to \$1,500 for all retired employees. No changes were made to the Accidental Death and Disablement Plan. The Dependents Insurance Plan was improved to provide enhanced optional coverage for eligible dependents (spouse/children). The Dependents Insurance Plan permitted the following choices:

1. No Dependents Insurance
2. Spouse \$15,000, each eligible child \$3,000
3. Spouse \$30,000, each eligible child \$6,000
4. Spouse \$45,000, each eligible child \$9,000
5. Spouse \$60,000, each eligible child \$12,000

Employees were allowed to continue reduced Dependents Insurance into retirement.

The Group Life Insurance Plan was designed so that each employee/dependent will be insured for the maximum amount of insurance. An employee can always decrease the Class of Life Insurance/Dependents Units by informing payroll/personnel; but increases in the Class of Life Insurance/Dependents Units can only be done by providing evidence of insurability that is satisfactory to the Insurance Company.

Effective July 3, 1999, improvements were made to all three insurance plans. These changes were made primarily because of favourable claims experience, but also because a decision to use less conservative assumptions to set premium rates was made.

A. History of Insurance Plan

The improvements included:

1. The elimination of the Life Insurance maximum salary of \$70,000.
2. An increased maximum Life Insurance of \$1,000,000.
3. Age reductions beginning at age 65 rather than age 56 for employee Life Insurance.
4. Reduction for Retirement Life Insurance occurs at ages 60, 65, 70 and Paid-up at age 73.
5. Paid-up Life Insurance increased from \$1,500 to \$3,000.
6. Reduced premiums for both Life and Accidental Death and Disablement Insurance.
7. Elimination of coverage under any of the old insurance plans. All members insured under those plans automatically became insured under the new plan.

On August 1, 2004, The Great-West Life Assurance Company purchased The Canada Life Assurance Company and is now The Insurance Company.

Effective December 6, 2004, improvements were made to the Paid-up life insurance amount and the dependent insurance plan.

The improvements included:

1. Paid-up Life Insurance increased from \$3,000 to \$4,500.
2. The dependents insurance coverage increased per unit for a spouse from \$15,000 to \$17,500 and for all eligible children per unit from \$3,000 to \$3,500.

B. Employer Responsibilities

As a participating employer in the Plan, you have a number of responsibilities.

This manual has been prepared to assist you in handling the details of your responsibilities in the administration of the Plan, which include:

1. Establishing and maintaining an accurate accounting of employment salary, deductions, and insurance in force;
2. Enrolling employees as soon as eligibility requirements are met;
3. Ensuring employees complete necessary forms and maintaining a complete and up-to-date file of those forms;
4. Completing and submitting copies of all necessary forms to the Board office;
5. Deducting and remitting premiums;
6. Distributing to members all literature and other information provided by the Board; and
7. Keeping payroll/personnel staff informed of any changes to the Plan or administration procedures.

C. Using This Manual

The information in this manual is assembled according to each event which requires your action and is likely to occur with one or more of your employees. Each event forms a separate chapter in this manual. In most cases, a chapter will include a POLICY section and PROCEDURE section, whenever applicable. The appendix of the manual includes links to all the required forms. References to forms in the Procedures section of each chapter are linked directly to the blank pdf of that form. Forms can either be completed online and printed or printed and completed by hand.

This manual assumes participation in the Plan.

In this manual, words in singular include the plural and vice versa where the context so requires. The representative of a participating employer who is responsible for handling the administration of the Plan has been referred to as “you” or “the employer” throughout this manual. This may include a personnel manager, payroll officer, or administrator. You are strongly urged to keep a copy of any form or letter which you send to the Board office. By doing this, you will have a copy to refer to in case questions arise.

The procedures set out in this manual should answer any questions which arise. If any additional assistance is required or if you are faced with a situation that is not covered in this manual, please contact the Board staff at:

The Civil Service Superannuation Board
1200-444 St. Mary Ave.
Winnipeg MB R3C 3T1

Phone: 204-946-3200 (Winnipeg)
Toll Free: 1-800-432-5134
FAX: 204-945-0237

NOTE: This manual is the property of The Civil Service Superannuation Board and is to remain in the office of the participating employer. A new manual will not be issued when the person responsible for using the manual changes.

D. Summary of Plan Benefits**1. Life Insurance**Insurance Protection Prior to Age 65

If the employee is contributing in a full-time position with a participating employer, the employee will not be eligible to contribute to the insurance plan with any other participating employers.

Each employee is automatically insured at the maximum class (Class 5) unless they apply in writing to be insured for a lesser class (Class 1, 2, 3 or 4). A minimum of Class 1 insurance is COMPULSORY for all eligible employees. The insurance on an employee's life is based on their insurance annual salary (rounded to the nearest dollar) multiplied by the Class selected, up to a maximum amount of \$1,000,000.

All Class increases are subject to providing satisfactory evidence of insurability.

If an employee makes a written election to reduce their class of insurance, and that class is inadvertently increased in error, the employee is entitled only to the class of insurance as applied for in writing. The employee will be entitled only to a refund of the overpayment of premiums.

If an employee's insurance class is reduced in error to a class lower than what the employee has elected in writing, the employee is responsible for payment of any accrued arrears needed to reinstate the elected class of insurance. If the employee does not provide payment of the arrears, it is required that the employee complete a class reduction form. If the employee does not complete the class reduction form and does not remit the premium arrears required, the CSSB will deem the employee to have chosen the lower class and any coverage payable will be based on the lower class.

Reducing Insurance Commencing at age 65

When an employee turns age 65, insurance reduces to 75% of their Class multiplied by insurance annual salary. There is a further reduction to 62.5% at age 70, and to \$4,500 at age 75, when no further premiums are required.

2. Accidental Death and Disablement Insurance (AD&D)

Insurance is based on the employee's insurance annual salary multiplied by Class, as selected under the Life Insurance Plan, up to the following maximums:

Life Insurance Class	Maximum Insurance
1	\$25,000
2	\$50,000
3, 4 or 5	\$75,000

D. Summary of Plan Benefits

NOTE: The amount of AD&D benefit is not affected by the reduction in the amount of life insurance due to the attained age of the employee.

A benefit is paid if an employee dies or suffers any losses listed in the following schedule due to accidental means. Death or loss must occur within 365 days of the accident. "Loss" means, the total irrecoverable loss of use of the appendage or organ.

Only the specific losses listed below are covered under the AD&D benefit. If the loss is not specifically listed in the schedule below, it will not be covered.

Nature of Loss	% of Insurance
Life	100
Both Hands	100
Both Feet	100
Sight of Both Eyes	100
One Hand and One Foot	100
Sight of One Eye and Either One Hand or One Foot	100
One Arm	66.6
One Leg	66.6
One Hand	50
One Foot	50
Sight of One Eye	50
Thumb and Index Finger of Same Hand	25

A total and permanent disability benefit, equal to 100% of the AD&D Insurance, is paid if an employee becomes totally and permanently disabled in the opinion of the Insurance Company. The disability must have commenced within 30 days of the date of the accident and continue without interruption for 365 days.

The benefit provided as a result of one or more accidents shall not exceed 100% of the Accidental Death and Disablement Insurance.

NOTE: No benefit is paid if death, dismemberment or disablement is caused by suicide, self-inflicted injury, illness or disease, war, insurrection or hostilities of any kind, participation in a riot or civil commotion; bodily injury sustained as a result of committing or attempting to commit a criminal offence; parachuting, gliding, travel in any aircraft functioning as a kite, glider or balloon, or any travel in an aircraft unless on the employer's business or as a passenger in a civil aircraft piloted by a duly licensed or certified pilot in an aircraft used solely for transportation.

D. Summary of Plan Benefits**3. Dependents Insurance (optional)**

The amount of insurance available on the life of an eligible dependent is based on the number of units chosen. There are four units available offering insurance as follows:

	Number of Units			
	1	2	3	4
Spouse	\$17,500	\$35,000	\$52,500	\$70,000
Each Eligible Child	3,500	7,000	10,500	14,000

Dependents Insurance terminates when the insured dependent reaches age 70.

It is possible for spouses, each contributing to the Dependents Plan, to insure each other and their children.

For employees with multiple jobs, dependents insurance coverage is limited to the maximum combined amount of \$70,000 on an eligible spouse and \$14,000 on each eligible child. The employer should review this information with the employee to ensure that, if the employee is enrolled in the Insurance Plan with another employer, they are aware of the maximums payable.

When an employee becomes eligible for Life Insurance, but does not have dependents, they must complete form 8001 choosing "No Dependents Coverage". The employee should also be informed that they may later insure newly acquired eligible dependents by notifying their payroll office and completing the required documentation within 90 days of acquiring the eligible dependent.

If an employee makes a written election to reduce their units of insurance, and that number of units is inadvertently increased in error, the employee is entitled only to the number of units of insurance as applied for in writing. The employee will be entitled only to a refund of the overpayment of premiums.

If the employee's number of units is inadvertently reduced, the employee is responsible for payment of any accrued arrears needed to reinstate the elected number of units. If the employee does not provide payment of the arrears, it is required that the employee complete a unit reduction form. If the employee does not complete the unit reduction form and does not remit the premium arrears required, the CSSB will deem the employee to have chosen the lower unit and any coverage payable will be based on the lower unit.

A. Orientation

It is the employer's responsibility to provide brochures and information as well as to explain details and answer any questions that may arise concerning the Insurance Plans to new employees.

PROCEDURES**Forms**

CSSB.1004 - "Notice of Desire" (see Pension Plan Administration Manual)
Group Insurance Information booklet

Required Actions

Determine if the employee is eligible for insurance:

If NO, employer should;

- a. Inform employee of "Notice of Desire" (if applicable) and explain possible participation in both pension and insurance plans
- b. Provide employee with insurance booklet

If YES, employer should;

- a. Provide employee with insurance booklet.
- b. Orient employee on Insurance Plans with the emphasis on:
 1. Optional reductions/increases in insurance.
 2. Increases require evidence of insurability at employee's expense. The employee must be in reasonable health to be approved for an increase in insurance Class. Therefore, please stress to employees that if they are choosing to reduce their Insurance Class, they may not be able to later increase their insurance Class if they are in poor health at the time they apply for the increase.
 3. Eligibility for Dependents Insurance and applicable time limits.
 4. Recommend that the employee should review beneficiary designations regularly; and if necessary, make changes
- c. Enrol employee in Plan (see Chapter Two - B.1 - Eligibility and Enrolment)

B. Registering a New Employee**1. Eligibility and Enrolment****Group Life Insurance Plan**

If the employee is contributing in a full-time position with a participating employer, the employee will not be eligible to contribute to the insurance plan with any other participating employers.

An employee participates in the Plan if they qualify to participate in their employer's pension plan. An employee also participates in the Plan if they belong to the group of employers whose employees participate in the insurance plan but not the CSSB pension plan.

Casual employees, if they qualify to contribute to their employer's pension plan, must contribute to the insurance plan for the entire year. This includes periods they do not work and coverage would be calculated using prior year earnings.

"Contract employees" are not eligible to participate in the Insurance Plans. Employees may participate in the insurance plans if so written in their Special Agreements/Order-in-Council.

Once an employee meets the eligibility requirements of enrollment in the Insurance Plan, the employee is required to pay insurance premiums, and any accumulated arrears, retroactive to the first day of eligibility into the plan.

Accidental Death and Disablement Plan

Accidental Death and Disablement Insurance commences automatically on the same date as Life Insurance, providing the employer is participating in the Plan, and ceases when the employee retires, terminates employment, is approved for an insurance waiver of premium benefit, or dies.

Dependents Insurance Plan

To be eligible, an employee must participate in the Life Insurance Plan and have either:

- a. spouse/eligible common-law spouse under age 70,
- b. unmarried children under 22 years of age, or
- c. unmarried children who became permanently disabled prior to their 22nd birthday (upon approval of The Insurance Company).

Note: For new employees, electing dependents insurance coverage on a common-law spouse is automatic if the employee has cohabited with the common-law spouse for at least the preceding one year period.

Once an employee meets the eligibility requirements of enrollment into the Insurance Plan, and if the employee makes a written request to enroll his eligible dependents into the Dependent Insurance Plan, the employee is required to pay dependent insurance premiums, and any accumulated arrears, retroactive to the first day of eligibility into the plan.

B. Registering a New Employee

If a dependent is in hospital when the Insurance would otherwise begin, it becomes effective upon discharge from the hospital.

For employees with multiple jobs, dependents insurance coverage is limited to the maximum combined amount of \$70,000 on an eligible spouse and \$14,000 on each eligible child. The employer should review this information with the employee to ensure that, if the employee is enrolled in the Dependent Insurance Plan with another employer, they are aware of the maximums payable.

Dependents Insurance is not meant to imply that the spouse is financially or otherwise dependent on the employee.

Any child, other than a natural child of the employee, must be in the care and custody of the employee. Child also includes a still-born child.

“Still-born child” is a child that is not the result of an abortion and either

- a. weighs at least 500 grams at birth, or
- b. was at least 20 weeks in gestation.

The life of a dependent will not be insured if the dependent is:

- a. in full-time service in the Armed Forces; or
- b. the divorced spouse of the employee; or
- c. residing outside of Canada and the United States.

All eligible dependents must be listed on form 8001 and filed with the employer.

PROCEDURES

For Employees Who Are Also Members of the CSSB Pension Plan **Forms**

8001 - Group Life and Dependents Insurance Appointment and Election Statement

Required Actions

1. Employee completes 8001 and returns it to the employer.
2. Employer places the original in the employee's file with copies to the employee and CSSB.

For Insurance Only Members (not enrolled in the CSSB Pension Plan) **Forms**

8001 - Group Life and Dependents Insurance Appointment and Election Statement

8014 - Registration Certificate for Insurance Only Members

B. Registering a New Employee

Required Actions

1. Employee completes 8001 and top portion of 8014 and returns it to the employer.
2. Employer completes bottom portion of 8014
3. Employer places the original(s) in the employee's file with copies to the employee and CSSB.

Note: Enrolment in the Accidental Death and Disablement Plan (for participating employers) is automatic when an employee becomes a member of the Life Insurance Plan.

IMPORTANT

It is mandatory that all employees complete the Dependents Insurance portion of the Election Statement (Form 8001 above), even if they are not electing Dependents Insurance.

2. Effective Date Of Insurance And Premium Start Date

Group Life Insurance Plan

For an eligible employee who enters the plan on the first day of a pay period, a double deduction is required from the first payroll (insurance commences on the first day of employment). For employees who are eligible on any day other than the first day of a pay period, only a single deduction is required. Insurance then commences on the first day following the payroll from which deductions are taken. Insurance premiums are prepaid.

Accidental Death and Disablement Plan

Accidental Death and Disablement Insurance commences on the same date as the Life Insurance.

Dependents Insurance Plan

Dependents Insurance commences on the first day of the pay period after a deduction has been made. Dependents insurance premiums are prepaid.

If a dependent (excepting newborns) is in hospital when insurance would otherwise commence, the insurance is effective when the dependent is discharged from the hospital.

B. Registering a New Employee**3. Designation Of Beneficiary**Group Life Insurance Plan

An employee may name a beneficiary of their choice.

A beneficiary is:

- a. a person, and/or,
- b. a number of persons, and/or,
- c. an institution such as a church or charitable organization, and/or,
- d. the insured person's Estate.

The beneficiary will receive the insurance proceeds in the event of the death of the insured person. Proceeds are shared equally unless otherwise provided.

It is important that the choice be made as precisely as possible. We suggest the use of the following wording in the designation of beneficiaries:

- a. Where one beneficiary is named: Mary Jane Smith, Wife
- b. Where two beneficiaries are named:
Mary Jane Smith, Mother and William John Smith, Father,
- c. Where three or more are named:
William John Smith, Son
Joseph Albert Smith, Son and
Mary Jane Smith, Daughter,
- d. Where the beneficiary is designated as the Estate: Estate
- e. Where beneficiaries are designated with percentages, the percentage should be indicated as such:
Mary Jane Smith, Wife - 80%
William John Smith, Son - 20%
- f. Percentages designated must equal 100%

Designating specific dollar amounts to a beneficiary is not acceptable.

If more than one beneficiary is designated in either the Primary and/or Contingent Beneficiary section, and if one of those designated beneficiaries dies, regardless of whether or not percentages have been designated, the proceeds are then divided equally between the remaining beneficiaries.

Contingent beneficiaries will receive the proceeds only if all the named primary beneficiaries pre-decease the insured.

B. Registering a New Employee

When naming a minor as beneficiary, a trustee should be designated. We recommend that employees contact their solicitor or the Public Trustee office for further information on naming a trustee. The employee should also be directed to complete a Beneficiary Designation form providing the Trustee information.

If an employee designates an institution as a beneficiary, they must supply the correct name and address of the institution.

Requests for special designations, not in accord with any of the standard examples shown above, should be referred to the Board for advice before the applicable form is completed.

4. Calculation of Insurance Annual Salary and Coverage

What does Insurance Annual Salary mean?

Insurance Annual Salary includes all permanent entitlements that are subject to Superannuation (excludes Northern Allowance, Overtime, Call Duty Allowance, etc.).

How is Insurance Annual Salary Calculated?

Paid Bi-weekly

For an employee that is paid bi-weekly, Insurance Annual Salary is calculated as:

26.1 x bi-weekly rate then rounded to the nearest dollar.

Paid Hourly or Daily

For an employee that is paid Hourly or Daily, Insurance Annual Salary is calculated as:

52.2 x primary hourly (or daily) rate x the regular hours (or days) for one week then rounded to the nearest dollar.

Irregular hours with prior year of earnings

For an employee with irregular hours, Insurance Annual Salary should be based on prior year earnings, rounded to the nearest dollar, no less than \$10,000.

Irregular hours without prior year of earnings (first year of employment)

Insurance Annual Salary should be based on either the insurance annual salary of a comparable position or a reasonable projection of earnings for the year, rounded to the nearest dollar, and no less than \$10,000.

Calculation Of Coverage

Life Insurance Prior to Age 75

Insurance annual salary (rounded to the nearest dollar) times selected Life Insurance Class. A Life Insurance Class (1,2, 3, 4, or 5) is a multiple of insurance annual salary.

Examples:

Insurance Annual Salary	Life Insurance Class		Life Insurance Prior to age 75*
\$20,000	1	$\$20,000 \times 1 =$	\$20,000
\$30,499	2	$\$30,499 \times 2 =$	\$60,998
\$40,500	3	$\$40,500 \times 3 =$	\$121,500
\$50,501	4	$\$50,501 \times 4 =$	\$202,004
\$70,000	5	$\$70,000 \times 5 =$	\$350,000
\$80,000	5	$\$80,000 \times 5 =$	\$400,000

*The maximum life insurance prior to age 75 is \$1,000,000.

Life Insurance At Age 75

On an employee's 75th birthdate, life insurance coverage becomes the paid-up amount of \$8,000 with no further premiums.

Accidental Death and Disablement (AD&D) Plan

Life Insurance Class	AD&D Insurance Calculation	Maximum AD&D Insurance
1	1 x Insurance Annual Salary	\$25,000
2	2 x Insurance Annual Salary	\$50,000
3	3 x Insurance Annual Salary	\$75,000
4	3 x Insurance Annual Salary	\$75,000
5	3 x Insurance Annual Salary	\$75,000

Dependents Insurance Plan

The bi-weekly employee cost, insurance on spouse and insurance on each eligible child is based on the number of units that chosen by the employee as shown in the following table:

Number of Units	Bi-weekly employee cost	Insurance on Spouse	Insurance on each Eligible Child
1	\$1.60	\$17,500	\$3,500
2	\$3.20	\$35,000	\$7,000
3	\$4.80	\$52,500	\$10,500
4	\$6.40	\$70,000	\$14,000

5. Calculation Of Bi-Weekly Premiums**Life insurance**

Premiums for the first 4 multiples are 6.44¢ per \$1,000 of insurance annual salary for employees and 2.76¢ per \$1,000 of insurance annual salary for employers.

Premiums for the 5th multiple of Class 5 are 9.20¢ per \$1,000 of insurance annual salary and are all employee paid.

The following table illustrates the calculation of bi-weekly premiums for life insurance.

Class	Bi-weekly pay	Insurance Annual Salary (26.1 x Bi-weekly pay)	Calculation of employee premium	Employee Premium Amount	Calculation of employer premium	Employer Premium Amount
1	\$1,150.00	\$30,015	$30.015 \times 6.44\text{¢} \times 1 =$	\$1.933	$30.015 \times 2.76\text{¢} \times 1 =$	\$0.828
	\$1,925.00	\$50,243	$50.243 \times 6.44\text{¢} \times 1 =$	\$3.236	$50.243 \times 2.76\text{¢} \times 1 =$	\$1.387
	\$3,450.00	\$90,045	$90.045 \times 6.44\text{¢} \times 1 =$	\$5.799	$90.045 \times 2.76\text{¢} \times 1 =$	\$2.485
2	\$1,150.00	\$30,015	$30.015 \times 6.44\text{¢} \times 2 =$	\$3.866	$30.015 \times 2.76\text{¢} \times 2 =$	\$1.657
	\$1,925.00	\$50,243	$50.243 \times 6.44\text{¢} \times 2 =$	\$6.471	$50.243 \times 2.76\text{¢} \times 2 =$	\$2.773
	\$3,450.00	\$90,045	$90.045 \times 6.44\text{¢} \times 2 =$	\$11.598	$90.045 \times 2.76\text{¢} \times 2 =$	\$4.970
3	\$1,150.00	\$30,015	$30.015 \times 6.44\text{¢} \times 3 =$	\$5.799	$30.015 \times 2.76\text{¢} \times 3 =$	\$2.485
	\$1,925.00	\$50,243	$50.243 \times 6.44\text{¢} \times 3 =$	\$9.707	$50.243 \times 2.76\text{¢} \times 3 =$	\$4.160
	\$3,450.00	\$90,045	$90.045 \times 6.44\text{¢} \times 3 =$	\$17.397	$90.045 \times 2.76\text{¢} \times 3 =$	\$7.456
4	\$1,150.00	\$30,015	$30.015 \times 6.44\text{¢} \times 4 =$	\$7.732	$30.015 \times 2.76\text{¢} \times 4 =$	\$3.314
	\$1,925.00	\$50,243	$50.243 \times 6.44\text{¢} \times 4 =$	\$12.943	$50.243 \times 2.76\text{¢} \times 4 =$	\$5.547
	\$3,450.00	\$90,045	$90.045 \times 6.44\text{¢} \times 4 =$	\$23.196	$90.045 \times 2.76\text{¢} \times 4 =$	\$9.941

Class	Bi-weekly pay	Insurance Annual Salary (26.1 x Bi-weekly pay)	Calculation of employee premium	Employee Premium Amount	Calculation of employer premium	Employer Premium Amount
5	\$1,150.00	\$30,015	$30.015 \times 6.44\text{¢} \times 4 +$ $30.015 \times 9.2\text{¢} \times 1 =$	\$10.493	$30.015 \times 2.76\text{¢} \times 4 =$	\$3.314
	\$1,925.00	\$50,243	$50.243 \times 6.44\text{¢} \times 4 +$ $50.243 \times 9.2\text{¢} \times 1 =$	\$17.565	$50.243 \times 2.76\text{¢} \times 4 =$	\$5.547
	\$3,450.00	\$90,045	$90.045 \times 6.44\text{¢} \times 4 +$ $90.045 \times 9.2\text{¢} \times 1 =$	\$31.480	$90.045 \times 2.76\text{¢} \times 4 =$	\$9.941

Note on Casual Employees: For casual employees (i.e., employees with irregular hours), life insurance coverage is calculated based on prior year earnings. This means that the group life insurance coverage is known for such employees and premiums are to be calculated for the current year.

Premiums must be collected for the entire year and can be:

- deducted as a lump sum during a period the employee is at work,
- submitted to the employer by personal cheque, or by any mutual agreement between the employee and employer.

Whatever the agreement between the employee and employer, the premiums must be collected for the entire year.

Accidental Death and Disablement (AD&D) Plan

AD&D premiums are all employer paid at 1.58¢ bi-weekly (3.43¢ monthly) per \$1,000 of insurance.

Dependents Insurance Plan

Dependents Insurance premiums are all employee paid at the rate of \$1.60 bi-weekly (\$3.48 monthly) for each dependents insurance unit selected and is shown in the following table:

Number of Units	Bi-weekly employee cost
1	\$1.60
2	\$3.20
3	\$4.80
4	\$6.40

B. Registering a New Employee**6. Remittance Of Premiums**

ALL INSURANCE PLANS

The Bi-Weekly Premium Remittance Report should be completed for each pay period and submitted to the Board within four (4) working days after the end of a pay period. If applicable, Supplementary payrolls processed during that pay period should also be included in the report. Cheques are payable to the "Public Service Group Insurance Fund".

PROCEDURES**Forms**

8007 - Bi-Weekly Premium Remittance Report

Required Actions

1. Employer calculates required premiums.
2. Employer completes 8007 (retain copy for reference).
3. Employer prepares cheque payable to "Public Service Group Insurance Fund".
4. Employer sends 8007 and cheque to the Board.

A. Group Life and Accidental Death and Disablement Insurance

1. Increase Coverage

Automatic Increases in Amount of Insurance

An increase in insurance annual salary may result in an increase in the insurance (maximum \$1,000,000). The increased insurance is effective when the premium at the increased amount is deducted on the payroll. No retroactive changes in insurance are made due to retroactive changes in insurance annual salary.

Request to be Insured Under a Higher Insurance Class

An employee who is insured under Class 1, 2, 3 or 4 may apply to increase the amount of their insurance by selecting a higher insurance Class. The employee, at their expense, must submit medical evidence of insurability satisfactory to the Insurance Company. The increase is effective on the first day of the pay period following receipt of written approval from the Insurance Company and the deduction has been made on the payroll. If the increase in Class is denied, the employee will retain the same Class in effect prior to the denial.

Accidental Death And Disablement

Changes in the amount of Accidental Death and Disablement insurance may occur as a result of the changes in insurance annual salary (subject to applicable maximums), or changes to the Life Insurance Class.

PROCEDURES

Forms

7425 - Employee Group Insurance Appointment and Election Statement
(prior to May 1, 1992) (Green or Tan card)

or

8001 - Life Insurance and Dependents Insurance Appointment and
Election Statement (after April 30, 1992).

8003 - Application for Changes in Life Insurance Class

8013 - Request For A Higher Life Insurance Class

M5995(330780) - Group Life Insurance Medical Questionnaire.

Required Actions

1. Employee completes M5995(330780) and 8003 and returns to employer. Employer ensures all areas have been completed.
2. Employer completes 8013.
3. Employer copies all required forms and files copies in employee file.
4. Employer forwards originals of M5995(330780), 8003, 8013 and copies of 8001 or 7425 to the Board.
5. The Board forwards application to Insurance Company.

A. Group Life and Accidental Death and Disablement Insurance**If additional medical information is required:**

- a. The Insurance Company will forward medical request to CSSB.
- b. CSSB forwards request to employee.
- c. Employee has doctor complete medical form for return to the CSSB.
- d. CSSB forwards medical form to the Insurance Company.

If approved:

- a. Insurance Company advises the CSSB of decision in writing.
- b. CSSB advises the employer.
- c. Employer advises employee of decision, files copy of letter in employee's file, and records change on reverse side of 8001.
- d. Employer re-calculates insurance and premiums, and adjusts payroll deductions.

If denied:

- a. Insurance Company advises the CSSB of decision in writing.
- b. CSSB advises the employer.
- c. Employer advises employee of decision, and files copy of letter in employee's file.

A. Group Life and Accidental Death and Disablement Insurance

2. Decrease Coverage

An employee's insurance may decrease if their insurance annual salary decreases. It may necessitate a re-calculation of insurance and premiums.

Voluntary Reduction in Insurance Class

Employees may reduce their Class by completing the applicable form.

The reduction in insurance commences on the first day of the pay period following the payday in which premiums are deducted on a changed basis.

A refund of premiums is not made when an employee, without sufficient notice, reduces their insurance and deductions are unavoidably made.

If the employee later wishes to increase their insurance Class, they will have to provide evidence of insurability satisfactory to the Insurance Company on the prescribed form. The employee must be in reasonable health to be approved for an increase in insurance Class. Therefore, please stress to employees that if they are choosing to reduce their insurance Class, they may not be able to later increase their insurance Class if they are in poor health at the time they apply for the increase.

An employee cannot convert any voluntary reduction in insurance.

Accidental Death And Disablement

Changes in the amount of Accidental Death and Disablement Insurance may occur as a result of the changes in annual salary (subject to applicable maximums), or changes to the Life Insurance Class.

PROCEDURES

Forms

If enrolment prior to May 1, 1992 (Green or Tan card)

7425 - Employee Group Insurance Appointment and Election Statement

8003 - Application for Changes in Life Insurance Class

If enrolment after April 30, 1992

8001 - Group Life Insurance and Dependents Insurance Appointment and Election Statement

8003 - Application for Changes in Life Insurance Class.

A. Group Life and Accidental Death and Disablement Insurance**Required Actions**

1. Employee completes 8003 and returns to employer. Employer ensures all areas have been completed.
2. Employer copies 8003.
3. Employer forwards copy to CSSB.
4. Employer attaches 8003 to the employee's 8001 or 7425.
5. Employer files forms in the employee's file recording the change on the reverse of 8001 or 7425.
6. Employer re-calculates insurance and premiums, and adjusts payroll deductions.

A. Group Life and Accidental Death and Disablement Insurance**3. Change Name of Insured**

If an insured employee has a change in name due to marriage the employee should advise their employer.

If an employee has a legal name change, the employee should also advise their employer and provide a copy of a document supporting the name change.

PROCEDURES**Forms**

Member Information Change Form

Required Actions

1. Employee completes Member Information Change Form and returns to employer.
2. Employer copies Member Information Change Form.
3. Employer forwards copies to employee and CSSB.
4. Employer files original Member Information Change Form in the employee's file.

A. Group Life and Accidental Death and Disablement Insurance

4. Changing Beneficiary

Member Entered Insurance Plan After June 30, 1962

Subject to legal restrictions (see below – Member Entered Insurance Plan Prior to July 1, 1962), an employee may, at any time, change the beneficiary already appointed. There is no limit to the number of times beneficiary designations can be changed.

When naming a beneficiary that is a minor, a trustee should be named. For more information, the employee may want to contact a solicitor or the Public Trustee's office.

PROCEDURES

Forms

M6697 - Beneficiary Designation Form.

Required Actions

1. Employee completes M6697 and returns to employer.
2. Employer copies M6697.
3. Employer forwards copy to employee.
4. Employer attaches M6697 to the employee's 8001 or 7425.
5. Employer files forms in the employee's file, recording the change on the reverse of form 8001 or 7425.

Member Entered Insurance Plan Prior to July 1, 1962

At that time, the Uniform Life Insurance Act governed the designation of beneficiaries. Beneficiaries were delegated to two groups: preferred and non-preferred. If the original beneficiary is in the preferred group, the employee is restricted in the changes they make unless one of several requirements is satisfied. The preferred and non-preferred groups are as follows:

Preferred

Father
 Mother
 Wife
 Husband
 Children
 Adopted Children
 Grandchildren
 Children of Adopted Children

Non-Preferred

All others
 including Estates and any
 subsequent spouses

A. Group Life and Accidental Death and Disablement Insurance

To designate a beneficiary outside the Preferred group

- the preferred beneficiary must be deceased,
- the insured and the preferred beneficiary must be divorced, or
- the preferred beneficiary must complete an “Assignment” signing off rights to the insured’s insurance benefits.

Unless one of the above requirements is met, the designation cannot be changed outside of the Preferred group.

Designations can be changed within the Preferred group at any time.

If the original designation was in the Non-Preferred group, no restrictions apply to changing the beneficiary.

When naming a beneficiary that is a minor, a trustee should be named. For more information, the employee may want to contact a solicitor or the Public Trustee’s office.

PROCEDURES

Forms

M6697 - Beneficiary Designation Form

M6809 - Assignment

Required Actions

1. Employer provides employee with M6809 and M6697.
2. Employee provides employer with one of:
 - Copy of Divorce Absolute (if preferred beneficiary was a spouse)
 - Proof of death of preferred beneficiary
 - Completed M6809
3. Employee completes M6697 and returns to employer. Employer ensures all required areas have been completed.
4. Employer copies M6697.
5. Employer forwards copy to employee.
6. Employer attaches original M6697 to the employee’s 8001 or 7425.
7. Employer files forms in the employee’s file, recording the change on the reverse of 8001 or 7425.

A. Group Life and Accidental Death and Disablement Insurance**5. Change Name of Beneficiary**

If an insured employee's beneficiary changes their name, the employee must advise their employer.

PROCEDURES**Forms**

M6697 - Beneficiary Designation Form

Required Actions

1. Employer provides M6697 to employee.
2. Employee completes M6697. Employer ensures all required areas have been completed.
3. Employer copies M6697 and forwards copy to employee.
4. Employer attaches original M6697 to the employee's 8001 or 7425.
5. Employer files forms in the employee's file, recording the change on the reverse of 8001 or 7425.

B. Dependents Insurance**1. Request for Dependents Insurance Coverage
(employee previously Opted Out/Cancelled Dependents Insurance)****A. Written Application Within 90 Days of Fulfilling Eligibility**

Approval is automatic for employees who make written application for Dependents Insurance within 90 days of acquiring the dependent (i.e. birth, marriage, or fulfilling common-law requirements).

At the time of automatic approval, if the employee had other eligible dependents (with the exception of common-law dependents – see Note below), those dependents are automatically insured even if the employee had previously elected to opt out/cancel coverage.

Coverage is effective on the first day of the pay period after the first deduction is taken.

B. Written Application After 90 Days of Fulfilling Eligibility

If written application is made after 90 days of acquiring eligible dependents (i.e. birth, marriage, or fulfilling common-law requirements) it will be necessary to provide medical evidence of insurability satisfactory to the Insurance Company for approval.

All dependents must be approved for the requested coverage to be in effect. If approved, the insurance becomes effective on the first day of the next pay period following the receipt of written approval and deduction of premium.

When an employee is enrolled in the Dependents Insurance Plan, all eligible dependents (with the exception of common-law dependents – see Note below) are automatically insured. However, it is required that the employee complete the necessary form adding that eligible dependent.

To insure a common-law spouse, the employee and common-law spouse must cohabit for an uninterrupted period of one year. For automatic approval, application must be signed and dated within 90 days after fulfilling the one year cohabitation requirement. If application is signed and dated after 90 days of fulfilling the one year cohabitation requirement, application must be submitted to the Insurance Company for approval.

If the employee wishes to waive the one year cohabitation requirement, application must be made to the Insurance Company. If application is denied, the automatic approval upon fulfilling the one year cohabitation requirement will not apply.

If the increase in Units is denied, employees will retain the same Units in effect prior to denial.

B. Dependents Insurance**PROCEDURES****Forms**

3965 - Dependents Insurance Card (orange card)

8001 - Group Life Insurance and Dependents Insurance Appointment and Election Statement

8002A - Application for Coverage In the Dependents Insurance Plan

8012 - Request For Dependents Insurance Or An Increased Number of Units

M5995(330785) - Dependent Insurance Medical Questionnaire

Required Actions**A) Application within 90 days of acquiring an eligible dependent (excluding common-law)**

1. Employer provides employee with 8002A.
2. Employee completes 8002A and returns to employer. Employer ensures all required areas have been completed.
3. Employer copies 8002A, files original in employee file, and records change on reverse side of 8001.
4. Employer forwards copy to CSSB.
5. Employer starts payroll deduction.

B) Application made after 90 days of acquiring an eligible dependent (excluding common-law)

1. Employer provides employee with 8002A and M5995(330785).
2. Employee completes 8002A and all of M5995(330785) and returns to employer. Employer ensures all required areas have been completed.
3. Employer completes 8012.
4. Employer copies 8002A, 8012 and M5995(330785) and files copies in employee's file.
5. Employer copies 8001 or 3965 and files originals in employee's files.
6. Employer forwards originals of 8002A, 8012, M5995(330785), and copy of 8001 or 3965 to CSSB.
7. CSSB forwards application to the Insurance Company.

If additional medical information is required:

- a. The Insurance Company will forward medical request to CSSB.
- b. CSSB forwards request to employee.
- c. Employee has doctor complete medical form for return to the CSSB.
- d. CSSB forwards medical form to the Insurance Company.

If approved

- a. Insurance Company advises the CSSB of decision in writing.
- b. CSSB advises the employer.
- c. Employer advises employee of decision, files copy of letter in employee's file, and records change on reverse side of 8001.
- d. Employer starts payroll deduction.

B. Dependents Insurance**If denied:**

- a. Insurance Company advises the CSSB of decision in writing.
- b. CSSB advises the employer.
- c. Employer advises employee of decision, and files copy of letter in employee's file.

C) Common-law – Fulfilment of One Year Cohabitation Requirement and Written Application Made Within 90 Days

1. Employer provides employee with 8002A.
2. Employee completes 8002A and returns to employer. Employer ensures all required areas have been completed.
3. Employer copies 8002A, files originals in employee's file, and records change on reverse side of 8001.
4. Employer forwards copy to CSSB.
5. Employer starts payroll deduction.

D) Common-law – Cohabitation Requirement Not Fulfilled OR Fulfilment of One Year Cohabitation Requirement and Written Application Made After 90 Days

1. Employer provides employee with 8002A and M5995(330785).
2. Employee completes 8002A and M5995(330785) and returns to employer. Employer ensures all required areas have been completed.
3. Employer completes 8012.
4. Employer copies 8002A, 8012, and M5995(330785) and files copies in employee's file.
5. Employer copies 8001 or 3965 and files originals in employee's files.
6. Employer forwards originals of 8002A, 8012, M5995(330785), and copy of 8001 or 3965 to CSSB.
7. CSSB forwards application to the Insurance Company.

If additional medical information is required:

- a. The Insurance Company will forward medical request to CSSB.
- b. CSSB forwards request to employee.
- c. Employee has doctor complete medical form for return to the CSSB.
- d. CSSB forwards medical form to the Insurance Company.

If approved:

- a. Insurance Company advises the CSSB of decision in writing.
- b. CSSB advises the employer.
- c. Employer advises employee of decision, files copy of letter in employee's file, and records change on reverse side of 8001.
- d. Employer starts payroll deduction.

If denied:

- a. Insurance Company advises the CSSB of decision in writing.
- b. CSSB advises the employer.
- c. Employer advises employee of decision, and files copy of letter in employee's file.

B. Dependents Insurance**2. Increase Dependents Insurance (Higher Units)**

An employee who is insured for 1, 2 or 3 units may apply to increase the amount of insurance by selecting a higher unit. The employee, at their expense, must submit medical evidence of insurability satisfactory to the Insurance Company. If approved, the increase is effective on the first day of the pay period after the increased premium has been deducted.

All dependents must be approved for increased coverage to be in effect. If denied, employees will retain the same number of Units in effect prior to the denial.

PROCEDURES**Forms****If enrolment prior to May 1, 1992 (Orange card)**

3965 - Individual Application for Dependents' Group Life Insurance
 8002B - Application for Changes to The Dependents Insurance Plan
 8012 - Request for Dependents Insurance or An Increased Number of Units
 M5995(330785) - Dependent Insurance Medical Questionnaire

If enrolment after April 30, 1992

8001 - Group Life Insurance and Dependents Insurance Appointment and Election Statement
 8002B - Application for Changes to The Dependents Insurance Plan
 8012 - Request for Dependents Insurance or An Increased Number of Units
 M5995(330785) - Dependent Insurance Medical Questionnaire

Required Actions

1. Employer provides employee with 8002B and M5995(330785).
2. Employee completes applicable section of 8002B and all of M5995(330785) and returns to employer. Employer ensures all required areas have been completed.
3. Employer completes 8012.
4. Employer copies 8002B, 8012, and M5995(330785) and files copies in employee's file.
5. Employer copies 8001 or 3965 and files originals in employee's files.
6. Employer forwards originals of 8002B, 8012, M5995(330785), and copy of 8001 or 3965 to CSSB.
7. CSSB forwards application to the Insurance Company.

If additional medical information is required:

- a. The Insurance Company will forward medical request to CSSB.
- b. CSSB forwards request to employee.
- c. Employee has doctor complete medical form for return to the CSSB.
- d. CSSB forwards medical form to the Insurance Company.

B. Dependents Insurance**If approved:**

- a. Insurance Company advises the CSSB of decision in writing.
- b. CSSB advises the employer.
- c. Employer advises employee of decision, files copy of letter in employee's file, and records change on reverse side of 8001.
- d. Employer starts payroll deduction.

If denied:

- a. Insurance Company advises the CSSB of decision in writing.
- b. CSSB advises the employer.
- c. Employer advises employee of decision, and files copy of letter in employee's file.

B. Dependents Insurance**3. Decrease Dependents Insurance**Reduction in Units/Cancellation of Dependents Insurance

Employees may reduce their number of units by completing the applicable form.

The reduction in insurance commences on the first day of the pay period following the payday in which premiums are deducted on a changed basis.

A refund of premiums is not made when an employee, without sufficient notice, reduces their insurance and deductions are unavoidably made.

If the employee later wishes to increase their number of units, they will have to provide evidence of insurability satisfactory to the Insurance Company on the prescribed form.

An employee cannot convert any voluntary reduction in insurance.

PROCEDURES**Forms****If enrolment prior to May 1, 1992 (Orange card)**

3965 - Individual Application for Dependents' Group Life Insurance

8002B - Application for Changes to The Dependents Insurance Plan

If enrolment after April 30, 1992

8001 - Group Life Insurance and Dependents Insurance Appointment and Election Statement

8002B - Application for Changes to The Dependents Insurance Plan

Required Actions

1. Employer provides employee with 8002B.
2. Employee completes applicable section of 8002B and returns to employer. Employer ensures all areas have been completed.
3. Employer copies 8002B and forwards to CSSB.
4. Employer attaches 8002B to the employee's 8001 or 3965.
5. Employer files forms in the employee's file, reporting the change on the reverse of 8001.
6. Employer re-calculates insurance and premiums, and adjusts payroll deductions. If cancelled, employer stops payroll deduction.

B. Dependents Insurance

4. Addition/Deletion of Dependents or Cancellation of Dependents Insurance

An employee, who is currently enrolled in the Dependents Insurance Plan

- must enrol all newly acquired eligible dependents (see Chapter Two - B.1 - Eligibility and Enrollment), and
- may delete a specific dependent, while maintaining coverage on all other eligible dependents by completing the required form.

An employee can only insure one eligible spouse at a time in the Dependents Insurance Plan. A separated legal spouse is considered an eligible dependent until the time of divorce.

Dependents Insurance automatically terminates when:

- the spouse reaches age 70,
- eligible unmarried children turn 22, or
- there is a legal Divorce.

Notwithstanding the foregoing terms of this provision, insurance on the life of a dependent will terminate on the last day of the month coincident with or next following the;

- spouse's 70th birthday, or
- unmarried child's 22nd birthday

A separated legal spouse is considered an eligible dependent until the time of divorce.

An eligible common-law spouse is considered a dependent until the separation of the insured common-law spouse and employee. It is required that the employee immediately provide written notice that the common-law relationship has ended. Premiums will cease upon receipt of written notice of the dissolution of the relationship. No retroactive refund will be processed.

Dependents Insurance can be cancelled at any time by completing the required form.

PROCEDURES

Forms

8002B - Application for Changes to the Dependents Insurance Plan

Required Actions

1. Employer provides employee with 8002B.
2. Employee completes applicable section of 8002B and returns to employer. Employer ensures all required areas have been completed.
3. Employer copies 8002B and files original in employee's file.
4. Employer forwards copy of 8002B to CSSB.

A. Waiver of Premiums

Any employee under age 65 who is

- retiring early due to ill health or injury,
- in receipt of a CSSB disability pension,
- terminating due to ill health or injury, or
- in receipt of Long Term Disability benefits (TD ALL)

may apply to have their Life and Dependents Insurance (if applicable) continued without payment of premiums, providing they are totally and permanently disabled in the opinion of the Insurance Company.

If an employee is granted a Total and Permanent Disability pension by the CSSB, the approval for a waiver of premiums is automatic.

If approved, the insurance remains in effect until the earlier of:

1. age 65,
2. when the employee engages in any occupation and works for any remuneration or profit,
3. employee is no longer considered totally disabled, or
4. death.

Dependents Insurance, if applicable, also remains in effect as outlined above or until the dependent reaches age 70, whichever is earlier.

Once approved, the Insurance Company may also require that the disabled employee annually submit proof of continued disability.

In the event an employee's application for waiver of premiums is denied, and provided they have terminated employment, the employee has the right to convert their insurance to an individual policy with The Insurance Company.

If the waiver is denied and the employee has retired, reduced retirement insurance can be carried into retirement by paying the applicable premiums. The reduction that occurs at retirement can be converted to an individual policy.

Arrangements for conversion are the responsibility of the employee. (See Chapter Six - C - Conversion)

At age 65, the waiver of premium benefit terminates and the employee's insurance, if in receipt of a pension from the CSSB, is determined as if they had retired on their 65th birthday. Premiums will automatically be deducted from their pension.

At age 65, if an employee is not in receipt of a pension from the CSSB, they may continue reduced Life and Dependents Insurance (if applicable), determined as if they had retired on their 65th birthday, by paying premiums by post dated personal cheques to the CSSB.

A. Waiver of Premiums

This insurance would continue to age 73 when it reduces to \$4,500. Election to reduce insurance to \$4,500 can be made prior to age 73 by completing the applicable form available at the CSSB office.

Also at 65, Dependents Insurance (if applicable) reduces and continues in effect until the dependent reaches age 70. Premiums are deducted automatically from their pension. If employee is not in receipt of a CSSB pension, premiums are made by personal cheque.

If the disability is due to an accident, the employee may qualify for an additional benefit under the Accidental Death and Disablement Plan subject to approval by the Insurance Company. Accidental Death and Disablement insurance is not eligible for waiver of premium and coverage ceases upon approval of the waiver of premium benefit.

PROCEDURES

Forms

- 1536/M6697 - Beneficiary Designation Form
- 3965 - Dependents Insurance card (Orange card)
- 7411/7426 - Voluntary Reduction in Insurance Class (if applicable)
- 7425 - Employee Group Insurance Appointment and Election Statement (Green or Tan card)
- 8001 - Group Life Insurance and Dependents Insurance Appointment and Election Statement (effective May 1, 1992; replaced forms 7425 and 3965)
- 8002 - Application for Changes To Dependents' Insurance
- 8002A - Application for Coverage in The Dependents Insurance Plan (replaces 8002 effective January 2009)
- 8002B - Application for Changes To The Dependents Insurance Plan (replaces 8002 effective January 2009)
- 8003 - Application for Changes in Life Insurance Class
- 8008 - Insurance Waiver Application
- CSSB/5/92 - Life/Dependents Insurance Reduction form (if applicable)
- M6797(AP330780) - Group Life Waiver of Premium Benefit Application Attending Physician's Initial Statement
- M6797(EE330780) - Group Life Waiver of Premium Benefit Application Employee's Statement
- M6797(ER330780) - Group Life Waiver of Premium Benefit Application Employer's Statement

Required Actions

A) Employees Approved for CSSB Partial Disability Pension

1. CSSB provides employee with M6797(EE330780) to be completed. Employee returns M6797(EE330780) to CSSB.
2. CSSB advises employer to complete M6797(ER330780) and 8008.

A. Waiver of Premiums

3. Employer copies M6797(ER330780), 8001 (or 3965 and 7425), 8008, and, if applicable, M6697, 8002 (or 8002A/8002B), 8003, and 7411/7426.
4. Employer forwards originals of above forms and a copy of employees' birth certificate to the CSSB.
5. Employer files copies in the employee's file.
6. When required documents are received, CSSB will copy medical information used to assess Partial Disability pension (or if employee is in receipt of LTD, Insurance Company will use LTD medical) and include with application to Insurance Company.
7. Insurance Company will advise CSSB in writing of approval or denial.
8. CSSB will advise the employee, in writing, with copy to employer, of approval or denial.
9. Employer files copy of letter in employee's file.

B) Employees Approved for CSSB Total Disability Pension - Waiver Approval Automatic

1. CSSB advises employer to complete M6797(ER330780) and 8008.
2. Employer copies M6797(ER330780), 8001 (or 3965 and 7425), 8008, and, if applicable, M6697, 8002 (or 8002A/8002B), 8003, and 7411/7426.
3. Employer forwards originals of above forms and a copy of employees' birth certificate to the CSSB.
4. Employer files copies in the employee's file.
5. When required documents are received, CSSB will advise the employee, in writing, with copy to employer, of approval.
6. Employer files copy of letter in employee's file.

C) Employees Who Have Terminated Employment Due To Ill Health, Are In Receipt of Long Term Disability TD All Benefits, or Retired Early Due to Ill Health

1. CSSB provides employee with M6797(EE330780) and M6797(AP330780) to have completed. Employee returns M6797(EE330780) and M6797(AP330780) to CSSB.
2. CSSB advises employer to complete M6797(ER330780) and 8008.
3. Employer copies M6797(ER330780), 8001 (or 3965 and 7425), 8008, and, if applicable, M6697, 8002 (or 8002A/8002B), 8003, and 7411/7426.
4. Employer forwards originals of above forms and a copy of employees' birth certificate to the CSSB.
5. Employer files copies in the employee's file.
6. When required documents are received, CSSB will forward application to Insurance Company.
7. Insurance Company will advise CSSB in writing of approval or denial.
8. CSSB will advise the employee, in writing, with copy to employer, of approval or denial.
9. Employer files copy of letter in employee's file.

If an employee is on temporary lay-off or granted an employer approved leave without pay for a full bi-weekly pay period or less, the normal deduction must be made. However, an employee who is on lay-off or leave without pay for more than a full bi-weekly pay period, must elect in writing to continue or waive their insurance (Life, Accidental Death and Disablement, and Dependents - if applicable) while on lay-off or leave.

Insurance may be continued for up to two years during an approved leave of absence, subject to the payment of the required contributions, provided that the leave of absence is not for service in any Naval, Military or Air Force. The insurance may be continued for up to a further two years, subject to employer approval. The employee must prepay both employer and employee premiums either by way of postdated cheques or lump sum payment.

Employees who have been permanently laid-off are not eligible to continue their Group Insurance. (See Chapter Six - A - Termination)

The employee must make a decision. If no election is made in writing by the employee, the CSSB will deem the employee to have chosen to continue coverage and the employee will be responsible for payment of premiums or accumulated arrears during the period of leave.

If an employee waives insurance while on lay-off/leave of absence, the insurance terminates on the date the employer receives written election to waive the premiums. The employee is responsible for payment of premiums or accumulated arrears until written election to waive premiums has been received by the employer. No retroactive election to waive premiums will be accepted.

If an employee waives Group Life/Dependents coverage while on SLNP - LTD pending, they are not eligible for Group Life/Dependents coverage while on LTD (if approved) either.

i.e. The employee does not get the coverage reinstated if their LTD claim is accepted as part of the LTD in position action. If the employee waives the Group Life/Dependents coverage, it cannot be reinstated until the employee actually returns to work.

Casual employees are not considered to be on layoff/leave of absence during periods they do not work. They must continue to pay insurance premiums during these periods.

Workers Compensation/LTD

If an employer defines Workers Compensation or LTD as an employer defined sick benefit, it is not considered a leave of absence. The employee would be required to pay insurance premiums and any accumulated arrears during the entire period the employee was on Workers Compensation or LTD. The employee would not have the option to waive the coverage during this period. The four year maximum for continuation of insurance coverage would not apply.

If an employer defines Workers Compensation or LTD as a leave of absence, the policies in this chapter regarding leave of absence would apply.

The employer must be consistent with how they define Workers Compensation or LTD as either a leave of absence or an employer defined sick benefit. The employer cannot choose to consider it a leave of absence for one employee and an employer defined sick benefit for another employee.

PROCEDURES**Forms**

8004 - Continuation of Group Insurance Coverage During an Employer Approved Leave of Absence/Lay-off.

8005 - Waiver of Group Insurance Coverage During an Employer Approved Leave of Absence/Lay-off.

Required Actions**A. Employee Elects To Continue Insurance**

1. Employer provides employee with 8004.
2. Employee completes 8004, and returns to employer. Employer ensures all required areas have been completed.
3. Employer calculates premiums and makes payment arrangements with employee.
4. Employer copies 8004 and sends copy to CSSB.
5. Employer files original in employee's file.
6. Employer should remit premiums with normal bi-weekly or monthly remittance (See Chapter Two - B.6 - Remittance of Premiums).
7. Employer should maintain accurate records of all pre-payments and, if applicable, any accumulated arrears.

B. Employee Elects To Waive Insurance

1. Employer provides employee with 8005.
2. Employee completes 8005, and returns to employer. Employer ensures all required areas have been completed.
3. Employer copies 8005 and sends copy to CSSB.
4. Employer files original in employee's file and stops deductions.

A. Termination

Insurance on the life of an employee and dependent (if applicable) terminates:

1. on the death of the employee,
2. if the employee terminates employment for any reason,
3. on the date the employer receives, from the employee, a written election to waive coverage by completion of form 8005, or
4. if the dependent ceases to be an “eligible dependent” (See Chapter Two - B.1 - Eligibility and Enrolment)

For the above reasons, Life and Dependents Insurance terminates automatically on the last day of the period for which premiums have been made. Accidental Death and Disablement Insurance terminates automatically on the date of termination.

In the event of a claim within 60 days of termination of Life or Dependents Insurance on the life of a spouse only, the death benefit paid is the full amount in force immediately prior to termination.

Life and Dependents Insurance (on the life of the spouse only) may be converted to an individual policy with Great-West Life Assurance Company (certain time limits apply). (See Chapter Six - C - Conversion).

No conversion privileges are allowed in respect to the Accidental Death and Disablement Insurance and the Dependents Insurance on the life of a child. (See Chapter Six - C - Conversion)

PROCEDURES**For Employees Who Are Also Members of the CSSB Pension Plan****Required Actions**

1. Employer deducts premiums so that insurance will continue up to the end of the pay period in which the employee terminates.
2. Employer informs terminating employees in writing of their right to convert insurance. The employee must apply for conversion to the Great-West Life Assurance Company and pay the necessary premium within 60 days of termination (See Chapter Six - C - Conversion).

For Insurance Only Members (not enrolled in the CSSB Pension Plan)**Forms**

8015 - Termination Notice for Insurance Only Members

A. Termination**Required Actions**

1. Employer deducts premiums so that insurance will continue up to the end of the pay period in which the employee terminates.
2. Employer completes 8015 and forwards to CSSB.
3. Employer informs terminating employees in writing of their right to convert insurance. The employee must apply for conversion to the Great-West Life Assurance Company and pay the necessary premium within 60 days of termination (See Chapter Six - C - Conversion).

NOTES:

1. No insurance premiums are to be deducted on monies paid to the employee after the date of termination.
2. No refund of premiums is to be made unless premiums were deducted in error after date of termination.

B. Retirement

To be eligible for insurance in retirement, the participating employee must either be eligible for a pension from The Civil Service Superannuation Fund, MLA Plan, Teachers Retirement Allowance Fund, or the Workers Compensation Board.

1. Life Insurance

Life Insurance protection is provided after retirement for all Insurance Classes. There is an initial reduction in insurance at retirement and continuing reductions as outlined below, until it reaches \$4,500 (usually age 73) at which time no further premiums are required. The amount of insurance is arrived at by multiplying the percentage, based on the employee's age, by the "amount" of the employee's insurance immediately prior to retirement.

Attained Age of Retired Employee	Insurance Protection
Under 60	75% of "amount"
60 through 64	60% of "amount"
65 through 69	40% of "amount"
70 through 72	15% of "amount"
73 and over	\$4,500

The Board will inform each retiring employee of their options regarding Life and Dependents Insurance. They will be provided with a computerized print-out explaining the insurance available.

The employee has the option of continuing the reducing retirement coverage, calculated based on the class and insurance annual salary, or elect \$4,500 paid-up. Changes to the coverage cannot be altered after retirement, so if the employee wishes to reduce the class of insurance, those changes must be made prior to the date of retirement.

Premiums should be deducted by the employer to ensure there is no lapse in the insurance at retirement. When the insurance information is received from the employer, the CSSB will calculate and commence deduction of premiums the day after the date insurance deducted by the employer terminates.

Premiums for Life Insurance in retirement will be calculated by the Board and automatically deducted from the monthly pension. The premium is based on the insurance in force.

Instead of continuing reducing retirement insurance, a "Paid-Up" policy of \$4,500 may be selected at, or anytime during retirement. The Paid-Up policy provides \$4,500 of insurance on the life of the pensioner at no further cost. However, once they have elected the \$4,500 Paid-Up insurance, they can not later reverse that decision. Employees should be referred to the CSSB office.

B. Retirement**2. Dependents Insurance**

Dependents Insurance may be continued at reduced amounts for all units during retirement until an insured dependent reaches age 70, at which time Dependents Insurance ceases.

	Number of Units			
	1	2	3	4
Spouse	\$8,750	\$17,500	\$26,250	\$35,000
Each Child	\$1,750	\$3,500	\$5,250	\$7,000
Monthly Contribution	\$3.48	\$6.96	\$10.44	\$13.92

Dependents coverage in retirement is based on the number of units selected as an employee and locked in on the date of retirement. If required, changes to the number of units must be made prior to the date of retirement.

Dependents Insurance terminates when an insured dependent reaches age 70.

Contributions for Dependents Insurance will be calculated by the Board and automatically deducted from the monthly pension. The contribution is \$3.48 monthly per unit of insurance. Instead of continuing Dependents Insurance during retirement, an employee may elect to cancel; however, once cancelled, they cannot later re-apply. In all cases, employees should be referred to the Board office.

At the time of retirement, any reduction in Life or Dependents Insurance, may be converted to a private policy(ies) with The Great-West Life Assurance Company (certain time limits apply - See Chapter Six - C - Conversion).

3. Accidental Death and Disablement Insurance

Accidental Death and Disablement Insurance is not available after retirement nor are there any conversion privileges.

PROCEDURES**For Employees Who Are Also Members of the CSSB Pension Plan****Forms**

1536/M6697 - Beneficiary Designation (if applicable)

1537/M6723 - Change of Name Form (if applicable)

1541/M6809 - Assignment (if applicable)

7411/7426 - Voluntary Reduction in Insurance (if applicable)

8001 - Group Life and Dependents Insurance Appointment and Election Statement

8002 - Application For Changes to Dependents Insurance

8002A - Application for Coverage in the Dependents Insurance Plan

8002B - Application for Changes to the Dependents Insurance Plan

B. Retirement

8003 - Application for Changes in Life Insurance Class
 8006 - Life Insurance Retirement Notice
 CSSB/5/92 - Life/Dependents Insurance Reduction form

Required Actions

1. Employer directs employee to the CSSB office for retirement insurance information.
2. Employer completes 8006.
3. Employer copies 8006 and files copy in employee's file.
4. Employer copies all insurance forms in the employee's file and files copies in employee's file.
5. Employer forwards all original insurance forms in the employee's file to the CSSB office.

For Insurance Only Members (not enrolled in the CSSB Pension Plan)**Forms**

1536/M6697 - Beneficiary Designation (if applicable)
 1537/M6723 - Change of Name Form (if applicable)
 1541/M6809 - Assignment (if applicable)
 7411/7426 - Voluntary Reduction in Insurance (if applicable)
 8001 - Group Life and Dependents Insurance Appointment and Election Statement
 8002 - Application For Changes to Dependents Insurance
 8002A - Application for Coverage in the Dependents Insurance Plan
 8002B - Application for Changes to the Dependents Insurance Plan
 8003 - Application for Changes in Life Insurance Class
 8015 - Termination Notice for Insurance Only Members
 CSSB/5/92 - Life/Dependents Insurance Reduction form

Required Actions

1. Employer completes 8015.
2. Employer copies 8015 and files copy in employee's file.
3. Employer copies all insurance forms in the employee's file and files copies in employee's file.
4. Employer forwards all original insurance forms in the employee's file to the CSSB office.

C. Conversion

Conversion allows terminating employees to continue insurance privately with The Great-West Life Assurance Company, without providing evidence of insurability.

Employees who are terminating their employment prior to retirement may convert all or part of the insurance at termination.

Retiring employees may, at the time of retirement, convert an amount equal to or lesser than the reduction which occurs at the date of retirement.

Employees may not convert the amount of any reduction which occurs as a result of an increase in attained age or as a result of a voluntary reduction.

If the insurance on a spouse (Dependents Insurance Plan) terminates, the employee, or in the event of death of the employee, the spouse may convert any amount up to the amount terminated. Insurance on the life of a child may not be converted.

Employees must apply for conversion to an individual policy and pay the first premium to The Great-West Life Assurance Company within 60 days of retirement or termination of employment.

No conversion of the Accidental Death and Disablement Insurance is allowed.

If an employee dies within 60 days after retirement or termination of employment, the death benefit under the Plan is the amount of insurance in force immediately before termination or the decrease due to retirement, whether or not the employee has applied for conversion.

PROCEDURES

Required Actions

1. Employer informs employee of their right to convert.
2. For more information on Conversion, employer directs interested employees to contact Deborah Capek at 204-297-6224.

A. Death**1. Life Insurance**

In the event of an employee's death, the Life Insurance is payable to the designated beneficiary(ies), if any, otherwise the Estate of the employee. If the beneficiary (other than the Estate) requires, an advance payment of up to \$10,000 can be made by contacting the employer who in turn should contact the Board office. If, in the opinion of the Insurance Company, the death was accidental (subject to exclusions), the Accidental Death and Disablement Insurance may also be payable.

If the beneficiary is the Estate, notarial copies of the Grant of Probate of the Will or Letters of Administration are required for claims over \$100,000. If the designated beneficiary is deceased, proof of death of the beneficiary is required.

PROCEDURES**Forms**

1536 - Appointment of Beneficiary/Beneficiary Designation

Or

M6697 - Beneficiary Designation Form

7411/7426 - Voluntary Reduction in Insurance Class (if applicable)

7425 - Employee Group Life Insurance Appointment and Election Statement
(employees before May 1, 1992)

Or

8001 - Life Insurance and Dependents Insurance Appointment and Election Statement
(employees after May 1, 1992)

8003 - Application For Changes To Life Insurance Class

8009 - Life Insurance Death Claim

CSSB/5/92 - Life Insurance Reduction form (if applicable)

M62 - Death Claim Report

Required Actions

1. Employer completes M62 (Policyholder/Employer Statement).
2. Employer provides the designated beneficiary; or where the beneficiary is the Estate, provide the personal representative (executor/ executrix/administrator); with M62 (Claimant's Statement) for completion. One of the following is also required:
 - a. original or certified copy of the death certificate, or
 - b. original or certified copy of Funeral Director's Statement.
3. Employer completes 8009.
4. Employer copies all above forms when received, and files copies in the employee's file.
5. Employer forwards all original forms (including 8001 or 7425, etc.), plus a copy of the employee's birth certificate to the CSSB.
6. The CSSB will forward the claim to the Insurance Company.

A. Death

7. The Insurance Company will forward payment to the CSSB.
8. The CSSB will forward the payment to the beneficiary or legal personal representative with notice to the employer.
9. Employer files copy of notice in the employee's file.

A. Death**1. Life Insurance****1. Advance Death Claim Payments for Terminally Ill Employees**

The primary objective of the Province of Manitoba Group Life Insurance Program is to provide a benefit, payable on the death of the employee which will be disbursed to the beneficiary designated by the employee.

Although the primary purpose of the program is to provide a benefit on death, the group insurance plan will provide a prepayment of a portion of the death benefit where it is determined; in the opinion of The Great-West Life Assurance Company's Medical department, that death of the employee is imminent. The amount of any prepayment would be the lesser of 50% of the coverage amount or \$25,000.

However, because any advance payments are contingent on the imminent death of the employee, we would not expect a high incidence of such payments. If you are aware of any situations where this benefit may apply, please have the individual or their family contact The Civil Service Superannuation Board (946-3200) for details on applying for the advance payment.

A. Death**2. Accidental Death**

The Accidental Death benefit is paid to the designated beneficiary(ies) of the Life Insurance Plan or the Estate of the employee unless another beneficiary has been named exclusively for the AD&D benefit.

PROCEDURES

1. Employer claims for the Accidental Death benefit on Statement of Policyholder or Employer Form – M62 and the Life Insurance Death Claim - 8009 (See Chapter Seven - A.1 - Life Insurance Death Claim).
2. The employer will enclose any reports or available newspaper articles concerning the circumstances of the death.

A. Death**3. Dependents Insurance**

The Dependents Insurance benefit is payable to the employee, if living, otherwise to the Estate of the employee.

PROCEDURES**Forms**

3965 - Individual Application for Dependents Group Life Insurance
(employees before May 1, 1992)

Or

8001 - Life Insurance and Dependents Insurance Appointment and Election Statement
(employees after May 1, 1992)

8002 - Application for Changes To Dependents' Insurance

8002A - Application for Coverage in The Dependents Insurance Plan

8002B - Application for Changes to The Dependents Insurance Plan

8010 - Dependents Insurance Death Claim

CSSB/5/92 - Dependents Insurance Reduction form (if applicable)

M62 - Death Claim Report

- Statement of Policyholder or Employer

- Statement of Claimant

Required Actions

1. Employer forwards M62 (Statement of Claimant) to employee for completion and returns to the employer. Proof of birth of deceased dependent as well as one of the following is also required:
 - a) original or certified copy of Certificate of Death, or
 - b) original or certified copy of Funeral Director's Statement.
2. Employer completes M62 (Statement of Policyholder or Employer) and 8010.
3. Employer copies all forms relating to Dependents Insurance (including 8001 and/or 3965, 8002, 8002A, 8002B, 8010, M62, or CSSB/5/92) and file in the employee's file.
4. Employer forwards all originals to the CSSB office.
5. The CSSB forwards the claim to the Insurance Company.
6. If approved, the CSSB will forward a cheque to the employee with notice to the employer.
7. Employer files a copy of the notice in the employee's file.

B. Accidental Disablement

The Accidental Disablement benefit is paid to the employee, if living, or the Estate of the employee.

Benefits are outlined in Chapter One - D.2 - Summary of Plan Benefits.

NOTE: Accidental Disablement also refers to dismemberment or total and irrecoverable loss of use of an appendage or organ (See Chapter One - D.2).

PROCEDURES**Forms**

7411/7426 - Voluntary Reduction in Insurance Class (if applicable)

7425 - Employees Group Life Insurance Appointment and Election Statement
(Green or Tan card)

OR

8001 - Life Insurance and Dependents Insurance Appointment and Election Statement

8011 - Accidental Death and Disablement Claim

CSSB/5/92 - Life Insurance Reduction form (if applicable)

M4437 - Application for Group Accidental Disablement Benefit

Required Actions

1. Employer forwards M4437 to employee.
2. Employee completes "Employee's Statement" and has doctor complete "Attending Physician's Statement".
3. Employee returns M4437 to employer.
4. Employer completes "Statement of Employer or Policyholder"
5. Employer completes 8011.
6. Employer copies M4437 and 8011 and files copies in the employee's file.
7. Employer forwards originals of M4437 and 8011 to the CSSB office.
8. The Board will forward the applications to the Insurance Company.
9. The Insurance Company will advise the CSSB of decision.
10. The Board will forward a cheque or advise the employee of a denial, by letter, with notice to the employer.
11. Employer files a copy of notice in the employee's file.

MLA's Insurance**General**

Insurance is optional for Members of the Legislative Assembly (MLA's) and Ministers. Those MLA's and Ministers who opt out of the Plan when they first become eligible will be required to provide evidence of insurability satisfactory to the Insurance Company if they later wish to participate in the Plan. The same applies if an MLA chooses less than the maximum amount of insurance. An MLA or Minister may cancel their insurance at any time.

Life Insurance

Members of the Legislative Assembly and Ministers will be entitled to Insurance based on the selected multiple (Insurance Class) and their sessional indemnity plus expense allowance, Ministerial salary or Leader of the Official Opposition's salary, not exceeding the maximum coverage of \$1,000,000 (See Chapter One - D.1 - Summary of Plan Benefits).

Accidental Death and Disablement Insurance

Members of the Legislative Assembly and Ministers who elect to obtain Life Insurance under the Plan are also provided with Accidental Death and Disablement Insurance. The amount of Accidental Death and Disablement Insurance is based on the MLA's sessional indemnity plus expense allowance, Ministerial salary and Leader of the Official Opposition salary instead of an insurance annual salary, but the same maximums apply as for all other employees (see Chapter One - D.2 - Accidental Death and Disablement). The employer premiums (100%) will be remitted by the Department of Finance.

Dependents Insurance

An MLA or Minister may obtain Dependents Insurance when they first become eligible or within 90 days of acquiring a dependent. If they apply for Dependents Insurance at a later date, they must supply evidence of insurability (see Chapter Four - B.1 - Dependents Insurance). M.L.A.'s will have the required premiums deducted from sessional indemnity payrolls prepared by the Department of Consumer and Corporate Affairs, while Ministers will have the required premiums deducted from payroll. (There is no employer portion for Dependents Insurance).

Premiums

Insurance deductions for Ministers and MLA's will be made in the same manner as for other employees. Ministers will contribute by means of payroll deduction and MLA's will contribute the usual employee portion, from sessional indemnity payrolls prepared by the Department of Consumer & Corporate Affairs, while the employer portion will be remitted by the Department responsible for the Minister's or Member's payroll.

Termination

A Minister or a Member of the Legislative Assembly has the same conversion rights as other employees (See Chapter Six - C - Conversion)

MLA's Insurance**Retirement**

A Minister or a Member of the Legislative Assembly who:

- a. is a member of the Plan,
- b. ceases to be a Member of the Legislative Assembly, and
- c. has served in three Legislatures or has served as a Member of the Legislative Assembly and/or as a Minister for eight or more years, and qualifies for retirement is entitled to the same retirement insurance benefits as other members of the Plan (see Chapter Six - B - Retirement).

Ministers

As soon as a Member of the Legislative Assembly is appointed as a Minister, the departmental accountant responsible for the MLA's payroll shall forward the Group Insurance Application Card or Employee Group Life Insurance Appointment and Election Statement and all other relevant insurance data concerning the Minister to the accountant of the department for which the Minister is responsible.

If a Member of the Legislative Assembly who opted out of the Plan becomes a Minister, they must provide evidence of insurability satisfactory to the Insurance Company in order to be insured for any amount. The same applies if they wish to increase their insurance Class.

A Minister who ceases to be a Minister and continues as a Member of the Legislative Assembly will be entitled to insurance as a Member of the Legislative Assembly and will be required to make a payment by personal cheque payable to "The Minister of Finance" to cover the period until the payment can be deducted from the next sessional indemnity.

The department for which the Minister is responsible should forward the Group Insurance Application Card or Employee Group Life Insurance Appointment and Election Statement to the departmental accountant of the Department of Consumer and Corporate Affairs.

A Minister may cancel insurance at any time.

PROCEDURES

Same as procedures for other members.

Forms

8001	Group Life and Dependents Insurance Appointment and Election Statement
8002A	Application for Coverage in the Dependents Insurance Plan
8002B	Application for Changes to the Dependents Insurance Plan
8003	Application for Changes in Life Insurance Class
8004	Election to Continue Group Insurance During An Employer Approved Leave of Absence or Lay Off
8005	Election to Waive Group Insurance During An Employer Approved Leave of Absence or Lay Off
8006	Life Insurance Retirement Notice
8007	Bi-Weekly Premium Remittance Report
8008	Group Insurance Waiver of Premium
8009	Group Life Insurance Death Claim
8010	Dependents Insurance Death Claim
8011	Accidental Disablement Claim
8012	Request for Dependents Insurance or An Increased Number of Units
8013	Request for a Higher Life Insurance Class
8014	Registration Certificate for Insurance Only Members
8015	Termination Notice for Insurance Only Members
8016	Retirement Notice for Insurance Only Members
M4437	Application for Accidental Disablement or Specific Loss Employer/Policyholder Statement
M5995(330780)	Group Life Insurance Medical Questionnaire
M5995(330785)	Dependent Insurance Medical Questionnaire
M62	Group Life/Accidental Death & Disablement/Dependents Death Claim Report
M6697	Beneficiary Designation
M6723	Change of Name Form
M6797(AP330780)	Group Life Insurance Waiver of Premium Benefit Application Attending Physician's Initial Statement
M6797(EE330780)	Group Life Insurance Waiver of Premium Benefit Application Employee's Statement
M6797(ER330780)	Group Life Insurance Waiver of Premium Benefit Application Employer's Statement
M6809	Assignment