

# Public Service Group Insurance Fund

## Application For Coverage In The Dependents Insurance Plan - Policy 330785

(For completion by employees who previously cancelled or opted out of the Dependents Insurance Plan)

### Personal Information – To be answered in full by employee, please print

Name of Employee \_\_\_\_\_  
(Last Name) (Given Names in Full)

Employee Number \_\_\_\_\_ Certificate No./SIN \_\_\_\_\_ Birthdate \_\_\_\_\_  
YYYY MM DD

Dependents insurance coverage is automatic if this application is signed and dated within 90 days after the date of marriage or the birth of an eligible child or the fulfillment of the one year cohabitation requirement for common-law spouses.

If application is signed and dated after 90 days of the date of marriage or the birth of an eligible child or the fulfillment of the one year cohabitation requirement for common-law spouses, the application for coverage must be sent to the Insurance Company for approval (see employer for additional required forms).

The one year cohabitation requirement for common-law spouses can be waived by submitting application for coverage to the Insurance Company for approval. However, if the application is denied, there will be no further opportunity for automatic coverage once the one year cohabitation requirement is fulfilled.

Dependents coverage on a common-law spouse ends automatically when a separation of the relationship occurs. No claim will be payable as of the date of separation. Employees must provide the employer with written notification of the separation as the employee will not be eligible for a refund of premiums (if applicable) retroactively. Coverage on a legally married spouse ends automatically only on the date of divorce. An employee is only entitled to coverage on one spouse.

An employee with multiple jobs cannot have more than the maximum amount of dependents insurance coverage combined for all jobs.

**I hereby apply for Dependents Insurance as indicated below (a selection MUST be made by placing an "X" in the appropriate space):**

<input type="checkbox"/> <b>1 Unit</b> (Spouse \$17,500* Each Eligible Child \$3,500**)	<input type="checkbox"/> <b>2 Units</b> (Spouse \$35,000* Each Eligible Child \$7,000**)	<input type="checkbox"/> <b>3 Units</b> (Spouse \$52,500* Each Eligible Child \$10,500**)	<input type="checkbox"/> <b>4 Units - Maximum</b> (Spouse \$70,000* Each Eligible Child \$14,000**)
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#### Eligibility:

\* assumes spouse (legally married) or common-law spouse (a common-law spouse is considered an eligible dependent only if the employee and common-law spouse have cohabited for a period of one year) is under age 70.

\*\* All children, other than natural children of the employee, must be in the care and custody of the employee and assumes each eligible child is unmarried and under age 22. However, coverage on a disabled dependent child over age 22 may be continued if application is approved by The Insurance Company. If approved, coverage ceases at age 70.

All dependents must reside in Canada or the USA and cannot be in military service.

Date of Marriage \_\_\_\_\_ Date Common-Law Cohabitation commenced \_\_\_\_\_

List all Dependents, including spouse	Relationship to Employee	Birthdate
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

YYYY MM DD

Questions regarding the eligibility of your dependents should be directed to The Civil Service Superannuation Board.

\_\_\_\_\_  
Signature of Insured Member Date

\_\_\_\_\_  
Witness to the Above Signature Date