

**Public Service Group Insurance Fund
Life Insurance Retirement Notice
Policy 330780/330785**

To be completed in full by Department and forwarded to the CSSB as soon as final premium deductions are made.

PLEASE PRINT OR TYPE

a) Name of Employee _____
(Last Name) (Given Names in Full)

b) Employee Number _____ c) Social Insurance Number _____

d) Date Entered Insurance Plan _____ e) Date of Birth _____
YYYY MM DD YYYY MM DD

f) Date of Retirement _____ g) Type of Retirement _____
(Normal/Early/Disability)

h) Retirement Due To Ill Health ____ / ____
Yes No
(n/a if employee age 65 or over)

i) Insurance Annual Salary at Date of Retirement \$ _____ j) Insurance Class At Retirement _____

k) Insurance Coverage At Date of Retirement (Before Age Reduction) (i x j) \$ _____

l) Employee Age Reduction (if over age 65) _____

m) Insurance Coverage At Date of Retirement (k x l) \$ _____

n) Dependents Units _____

o) Spouse's Date of Birth _____

p) We enclose the following forms:

___ Group Life Insurance and Dependents Insurance Appointment and Election Statement (8001) or 7425 (Green or Tan Card) and 3965 (orange card) - ORIGINAL FORMS REQUIRED

___ Voluntary Reduction in Insurance Class Card, if applicable (7411 or 7426)

___ Beneficiary Designation Form 1536 or M6697, if applicable

___ Application for Changes in Life Insurance Class (8003), if applicable

___ Application for Changes/Coverage in Dependents Insurance (8002, 8002A, or 8002B), if applicable

q) The Department has deducted a final premium of \$ _____ and \$ _____ from the _____
Life Insurance Dependents Ins. Bi-Weekly/Monthly
salary of \$ _____ on the payroll of _____ to _____ to provide insurance to
Date Date
_____ Date

_____ Authorized Signing Officer Print Name of Authorized Signing Officer _____ Date

_____ Employer Department Phone Number

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

