



Employee Information

Name of Employee _____
(Last Name) (Given Names in Full)
Date of Birth _____ Date of Termination/Retirement/LTD TD All _____
YYYY MM DD YYYY MM DD
Employee Number _____ Social Insurance Number _____

Insurance Information

a) Insurance Annual Salary (rounded to nearest dollar): \$ _____ b) Class Selected (1 through 5): _____
c) Employee Age Reduction (if over age 65): _____
d) Insurance in Force {lesser of (a x b) or (a x c)}: \$ _____ (maximum \$1,000,000)
e) Dependents Insurance Units: _____ f) Spouse's Date of Birth: _____
g) Employee on Long Term Disability (LTD) ____/____ If yes, is employee responsible for ____/____
Yes No payment of insurance premiums Yes No

We enclose the following forms:

- ___ Group Life Insurance and Dependents Insurance Appointment and Election Statement, 8001 OR 7425 (green or tan card) and MG3965 (orange card) - ORIGINAL FORMS REQUIRED
- ___ Employer Statement, M6797 (ER330780)
- ___ 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
- ___ Birth Certificate
- ___ Other (please specify): _____

Last Premium deducted (Group Life Insurance): \$ _____
Last Premium deducted (Dependents Insurance): \$ _____
Bi-weekly Salary deduction is based on: \$ _____
Deducted on (payroll date) or date of personal cheque: _____
Insurance Provided to (date): _____

Authorized Signing Officer Date

Contact Person _____
Employer _____
Address _____
Phone Number _____

Mail to: The Civil Service Superannuation Board
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