



Employee Information

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

Employee Number _____ Social Insurance Number _____

Insurance Information

a) Insurance Annual Salary (rounded to the nearest dollar): \$ _____ (maximum \$25,000)

b) Class (maximum Class 3): _____

c) Insurance in Force: \$ _____ (maximum \$75,000)

We enclose the following forms:

___ Group Life Insurance and Dependents Insurance Appointment and Election Statement (8001)
or 7425 (green or tan card) - COPIES OF FORMS ONLY

___ Application for Group Accidental Dismemberment Benefit, M4437

___ Other (please specify): _____

Authorized Signing Officer Date

Contact Person _____

Employer _____

Address _____

Phone Number _____

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