Civil Service Superannuation Board

Public Service Group Insurance Fund
Request for Dependents Insurance or An Increased Number of Units
Policy 330785

Employee Information

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

Employee Number _____ Social Insurance Number _____

Insurance Information

a) Current Number of Units (0 through 3): _____

b) Number of Units Requested (1 through 4): _____

NOTE: Requests for employees who did not previously have insurance and did not qualify for automatic coverage, or increases in the number of Units, are subject to approval by the Insurance Company.

We enclose the following forms:

___ Group Life Insurance and Dependents Insurance Appointment and Election Statement, 8001
OR MG3965 (orange card) - COPIES OF FORMS ONLY

___ Application For Dependents' Coverage, M5995
___ Application For Coverage In The Dependents Insurance Plan, 8002A
OR
___ Application For Changes To The Dependents Insurance Plan, 8002B

_____ _____
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