



**Employee Information**

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

Employee Number \_\_\_\_\_ Social Insurance Number \_\_\_\_\_

**Insurance Information**

a) Insurance Annual Salary (rounded to nearest dollar): \$ \_\_\_\_\_

b) Current Class (1 through 4): \_\_\_\_\_

c) Current Insurance in Force (maximum \$1,000,000): \$ \_\_\_\_\_

d) New Class Requested (2 through 5): \_\_\_\_\_

e) New Insurance (if approved): \$ \_\_\_\_\_

Note: The new insurance Class and coverage (as indicated above) 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 Form 7425 (green or tan card) - COPIES OF FORMS ONLY

\_\_\_ Statement of Health for Group Insurance, M5995

\_\_\_ Application for Changes in Life Insurance, 8003

\_\_\_\_\_ Date

Authorized Signing Officer

Contact Person \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

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