



Personal Information – To be answered in full by employee, please print

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

Home Address: _____

Employee Number: _____ Social Insurance Number: _____ Birthdate: _____
YYYY MM DD

Sex: Male Female

Marital Status: Single Married Divorced
Separated Widowed Common-Law

Date of Marriage or Commencement of Common-Law Cohabitation (if applicable): _____
YYYY MM DD

Name of Spouse/Common-Law Spouse (if applicable): _____ Birthdate: _____
YYYY MM DD

Group Life Class* _____ Dependents Units* _____

* must duplicate Class and Units selected on the insurance enrollment form 8001

1. Have you completed the Group Life Insurance and Dependents Insurance Appointment and Election Statement (form 8001)?
Yes _____ No _____

2. Are you currently insured in the insurance plan administered by The Civil Service Superannuation Board with an employer other than this employer?
Yes _____ No _____ If yes, who is the employer? _____

3. Were you previously insured in the insurance plan administered by The Civil Service Superannuation Board?
Yes _____ No _____ If yes, year terminated or retired _____

I hereby certify that the above information is true as stated

Signature of Insured Member

Date

Employer Information – To be answered in full by employer, please print

Employer: _____ Employee Number: _____

Employment Start Date: _____ Insurance Fund Entry Date: _____

Employment Type: Full-time Part-time Casual Term Second Job Other

Bi-Weekly Salary: \$ _____ Hourly Rate: \$ _____ Bi-Weekly Hours: _____

Insurance Annual Salary (salary used to calculate insurance coverage): \$ _____

I hereby certify that the above information is true as stated

Authorized Signing Officer

Date

Contact Person _____

Phone Number _____

This form and a copy of the completed 8001 form must be forwarded to CSSB.