



To be completed in full by Department and forwarded to the CSSB as soon as final premium deductions are made.

PLEASE PRINT OR TYPE

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

b) Social Insurance Number: _____ c) Date of Birth: _____
YYYY MM DD

d) Home Address: _____

e) Home Phone Number: _____

f) Employee Number: _____ g) Date Entered Insurance Plan: _____
YYYY MM DD

h) Date of Retirement: _____ i) Last Physical Day Worked: _____
YYYY MM DD YYYY MM DD

j) Retirement Due To Ill Health: ____ / ____
Yes No
(n/a if employee age 65 or over)

k) Insurance Annual Salary at Date of Retirement: \$ _____

l) Insurance Class At Retirement: _____

m) Insurance Coverage At Date of Retirement (Before Age Reduction): (k x l) \$ _____

n) Dependents Units _____ o) Spouse's Date of Birth _____
YYYY MM DD

p) We enclose the following forms:

___ Group Life Insurance and Dependents Insurance Appointment and Election Statement (8001) or 7425 (Green or Tan Card) and 3965 (orange card) - ORIGINAL FORMS REQUIRED

___ 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

q) The Department has deducted a final premium of \$ _____ and \$ _____ from the _____
Life Insurance Dependents Ins. Bi-Weekly/Monthly

salary of \$ _____ on the payroll of _____ to _____ to provide insurance to
YYYY MM DD YYYY MM DD

YYYY MM DD

Authorized Signing Officer Print Name of Authorized Signing Officer Date

Employer Department Phone Number

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