

Request to Increase or Reduce Coverage
 (EVIDENCE OF INSURABILITY **NOT REQUIRED**)



MANITOBA PUBLIC SCHOOL EMPLOYEES GROUP LIFE INSURANCE PLAN
 Policy No. 335114

Name _____

Address _____

Occupation _____ Current Earnings \$ _____ per annum

Current Coverage:

- | | | |
|--|--|--|
| <p>A. Group Life (check one)</p> <p>200% _____</p> <p>300% _____</p> <p>400% _____</p> <p>500% _____</p> <p>600% _____</p> <p>700% _____</p> | <p>B. Family Life</p> <p>Yes _____</p> <p>No _____</p> | <p>C. AD&D</p> <p>Number of \$18,000 units _____</p> <p>single coverage _____</p> <p>family coverage _____</p> |
|--|--|--|

New Level of Coverage Being Applied For:

- | | | |
|--|--|---|
| <p>A. Group Life (check one)</p> <p>300% _____</p> <p>400% _____</p> <p>500% _____</p> <p>600% _____</p> <p>700% _____</p> | <p>B. Family Life</p> <p>Yes _____</p> <p>No _____</p> | <p>C. AD&D (maximum 20 units)</p> <p>Number of \$18,000 units _____</p> <p>single coverage _____</p> <p>family coverage _____</p> |
|--|--|---|

Employee Declaration to Increase Coverage Without Evidence of Insurability (if Applicable):

I hereby declare that within the last 90 days I have experienced a life event that may qualify me for increased insurance without providing evidence of insurability. Within the last 90 days I have (check one and declare correct date):

- | | |
|---|-------------|
| Experienced the death of my spouse | <i>Date</i> |
| Legally married | <i>Date</i> |
| Completed one year of common-law marriage | <i>Date</i> |
| Birth or adoption of my first dependent child | <i>Date</i> |

I understand that a legal marriage resulting from an existing common-law marriage of one year or more does not constitute a life event as described above and increased coverage will only be granted following the submission of satisfactory evidence of insurability. I also understand that if I am currently on leave of absence, or away from work for any reason, increased insurance will not take effect until my return to active employment at my regular place of work.

Signature of Employee

Date

School Division _____

Address _____

Signed _____

Secretary Treasurer or Payroll Professional