

Instructions:

- 1) Earnings information is only required if life and/or income replacement benefits apply.
- 2) The Optional Group Life Insurance Statement of Health and Smoking Questionnaires must be completed when an ADD or CHANGE is requested for Optional Life or Optional Critical Illness benefits. The actual amount of coverage must be stated (not the amount of the increase / decrease).

Do you or any of your dependents have coverage under any other Plan? Yes No

If Yes, Complete the following:

Name of the Other Insurer:

Effective Date of Coverage (DD/MM/YYYY):

Policy Number:

ID Number:

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CHANGE OF BENEFICIARY

In accordance with the terms and conditions of the Group Life Contract between the employer indicated below and Blue Cross Life Insurance Company of Canada, I revoke all previous appointments of beneficiary and hereby appoint the following as beneficiary entitled to receive the proceeds arising by reason of my death. Surviving beneficiaries will share equally unless otherwise indicated.
