THE UNIVERSITY OF BRITISH COLUMBIA
OPTIONAL LIFE INSURANCE CHANGE FORM FOR FACULTY / M&P

Personal information provided on this form is collected pursuant to section 26 of the *Freedom of Information and Protection of Privacy Act,* RSBC 1996, c. 165 (FIPPA) for the purposes of benefits administration and to make any necessary payroll deductions. The information will be used, retained & disclosed by UBC in accordance with FIPPA. For further information, please email benefitsinfo@hr.ubc.ca.

NAME | SOCIAL INSURANCE NUMBER

SPOUSE'S NAME (if applicable) | SOCIAL INSURANCE NUMBER

☐ COVERAGE REDUCTION

I wish to change the following coverage under the Optional Life Insurance Plan:

		PRESENT COVERAGE	NEW AMOUNT REQUESTED
OPTIONAL LIFE INSURANCE (reduces AD&D Insurance also)	☐		
SPOUSAL LIFE INSURANCE	☐		

Reduction effective first of month following receipt of request.

☐ COVERAGE CANCELLATION

I wish to cancel the following coverage under the Optional Life Insurance Plan:

		DATE OF CANCELLATION
OPTIONAL EMPLOYEE LIFE INSURANCE (cancels AD&D Insurance also)	☐	
CANCEL EMPLOYEE AD&D ONLY	☐	
SPOUSAL LIFE INSURANCE	☐	
CANCEL SPOUSAL AD&D ONLY	☐	

Cancellation effective end of month in which request is received unless a later date is requested.

☐ CHANGE OF SMOKER STATUS

I wish to change the following coverage under the Optional Life Insurance Plan:

OPTIONAL LIFE INSURANCE

☐ I HAVE BEGUN USING TOBACCO PRODUCTS AS OF _____
Please change to smoker status.*

☐ I HAVE CEASED USING TOBACCO PRODUCTS
for the past 12 months or more.**

SPOUSAL LIFE INSURANCE

☐ MY SPOUSE HAS BEGUN USING TOBACCO PRODUCTS
AS OF_____. Please change to smoker status.*

☐ MY SPOUSE HAS CEASED USING TOBACCO PRODUCTS
for the past 12 months or more.**

*Change to smoker status effective the month smoking commenced.

**Change to non-smoker status effective first of month following receipt of notification of 12 months as a non-smoker.

EMPLOYEE'S SIGNATURE | DATE | DEPARTMENT

SPOUSE'S SIGNATURE (if applicable) | DATE

FOR OFFICE USE ONLY

Financial Services			
Optional Life Insurance coverage changed as indicated	**Entered By**	**Date**	**Effective Date**