



# THE UNIVERSITY OF BRITISH COLUMBIA

## EMPLOYEE\* & SPOUSES' OPTIONAL GROUP LIFE INSURANCE & ACCIDENTAL DEATH & DISMEMBERMENT

\*OTHER THAN FACULTY AND MANAGEMENT & PROFESSIONAL

### ENROLLMENT & BENEFICIARY NOMINATION FORM

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, claims submission 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](mailto:benefitsinfo@hr.ubc.ca).

 New Enrollment Increase in Coverage  
First Name Last Name  
S.I.N.

YR	MO	DY
<input type="text"/>	<input type="text"/>	<input type="text"/>

Employee's Date of hire

#### EMPLOYEE OPTIONAL LIFE AND AD&D COVERAGE

\*Where Quebec Law applies, a spouse beneficiary is irrevocable unless you make the designation revocable by checking here:  revocable

I hereby apply for:  Employee Optional Life Insurance \$  (Maximum \$250,000)  
Amount of Coverage

AD&D - Yes  AD&D - No

Note: This coverage is available to employees only. The amount of coverage is the same as indicated above for Optional Life Insurance. You **must** be enrolled in Optional Life Insurance in order to enroll in AD&D.

YR	MO	DY
<input type="text"/>	<input type="text"/>	<input type="text"/>

Date of Birth

M	F
<input type="text"/>	<input type="text"/>

Sex

Have you used tobacco products in the past 12 months?  Yes  No

Beneficiary - for Employee Optional Life Insurance (and Accidental Death if any):

  
First Name Last Name  
Relationship to employee

Please note that according to legal requirements, Sun Life Assurance Company of Canada cannot pay out to beneficiaries who are minors. A trustee for minor children must be designated, except in Quebec where this is unacceptable by law. If you are nomina

#### SPOUSAL OPTIONAL LIFE COVERAGE (spouse is not eligible for coverage if employee is over age 65)

\*Where Quebec Law applies, a spouse beneficiary is irrevocable unless you make the designation revocable by checking here:  revocable

I hereby apply for:  Spousal Optional Life Insurance \$  (Maximum \$250,000)  
Amount of Coverage

  
Spouse's First Name Last Name Initials

Sex	M	F
<input type="text"/>	<input type="text"/>	<input type="text"/>

Spouse's S.I.N.
<input type="text"/>

Has your spouse used tobacco products in the past 12 months?  Yes  No

Spouse's Date of Birth

YR	MO	DY
<input type="text"/>	<input type="text"/>	<input type="text"/>

Beneficiary - for Spousal Optional Life:

  
First Name Last Name Initials  
Relationship to spouse

Please note that according to legal requirements, Sun Life Assurance Company of Canada cannot pay out to beneficiaries who are minors. A trustee for minor children must be designated, except in Quebec where this is unacceptable by law. If you are nomina

#### INCREASE IN COVERAGE

You may only use this section if you are currently enrolled under employee and/or spousal coverage.

<input type="checkbox"/> Employee	Increase from \$ <input type="text"/>	by \$ <input type="text"/>	for a total of \$ <input type="text"/> (Maximum \$250,000)
<input type="checkbox"/> Spouse	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/> (Maximum \$250,000)

If you wish to change your beneficiary, please use the appropriate section above. Otherwise, the beneficiary designation on file remains valid.

I reserve the right to change the beneficiary(s) appointed above subject to any statutory restrictions.

I authorize my employer to deduct from my pay amounts required according to choice of coverage, age and smoker/non-smoker status. Any dependent children's benefit will be payable to the employee.

  
Employee's Signature

Date	YR	MO	DY
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

  
Spouse's Signature  
(Required if applying for Spousal Life Insurance)

Date	YR	MO	DY
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## BENEFICIARY TRUSTEE NOMINATION SECTION

*(Please complete if your beneficiary (ies) are under the age of 18)*

**BENEFICIARY (FIRST NAME AND LAST NAME) AND RELATIONSHIP TO MEMBER.** (NOTE: Any changes to the beneficiary must be initialed by the Employee.)

RELATIONSHIP:

Beneficiary First Name, Last Name

Beneficiary Relationship to You

Any payment becoming due during the majority of the minor (s) to be made to

Trustee First Name, Last name

as trustee, or failing such a trustee, to the duly appointed guardian of such minor as trustee. Payment to said trustee shall discharge Sun Life Assurance Company of Canada and the University of British Columbia.

### TRUSTEE CONTACT INFORMATION:

Home Address

Number & Street Address

City

Province

Postal Code

Phone

Home Phone (include area code)

Work Phone (include area code)

Signature of Employee

Date