

# Beneficiary Designation Form

Please print clearly, use INK, sign and date the form.  
Make a copy for your records and return the SIGNED ORIGINAL to your employer.

## 1 Plan Member Information

Employer	Certificate Number
Plan Member Last Name	Plan Member First Name

## 2 Beneficiary Designation

The designations you make on this form replace any prior beneficiary designations.

Last Name	First Name	Relationship to Employee	Percentage of Benefit %	Basic Benefits		Optional Benefits	
				Life	AD&D	Life	AD&D
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For Dependent Life Insurance, Spousal Optional Life Insurance, Child Optional Life Insurance, Spousal Optional AD&D and Child Optional AD&D, the beneficiary shall be the employee.

In Quebec, any amount payable to a minor beneficiary during his/her minority will be paid to the parent(s) or legal guardian of the minor child.

If you are a resident of the province of Quebec and you name your legal spouse (married or civil union) as the beneficiary, this beneficiary will be irrevocable unless you check the revocable box:  **Revocable Beneficiary**

## 3 Contingent Beneficiary

If there are no surviving beneficiaries at the time of my death, I declare that the following contingent beneficiaries shall receive the proceeds. If there are no surviving contingent beneficiaries at the time of my death, the proceeds shall be paid to my estate. Unless specified otherwise, my contingent beneficiaries will apply to all my benefits. The designations you make on this form replace any prior beneficiary designations.

Last Name	First Name	Relationship to Employee	Percentage of Benefit
			%
			%
			%

If you are a resident of the province of Quebec and you name your legal spouse (married or civil union) as the beneficiary, this beneficiary will be irrevocable unless you check the revocable box:  **Revocable Beneficiary**

## 4 Minor Clause (Trustee for children under the Age of Majority) *not applicable in Quebec*

Trustee name	Relationship to Employee
--------------	--------------------------

As indicated above the trustee is hereby appointed to receive any payment due on or after the life insured's death to any BENEFICIARY DESIGNATED on this form who is a minor on the date such payment(s) fall due. *Not applicable in Quebec.*

## 5 Authorizations & Declarations (sign and date in ink).

- I designate the person(s) named above under Beneficiary Designation as beneficiary(s).
- I authorize my Plan Administrator (HealthSource Plus), its agents and service providers and the insurance company underwriting our benefits, its agents and service providers and their service providers to collect, use and disclose relevant information about me necessary to underwrite, administer and adjudicate claims.

Plan Member Signature	Date (DD/MM/YYYY)
-----------------------	-------------------

## 6 Your Privacy.

**ABOUT YOUR PRIVACY:** At HealthSource Plus, we recognize and respect the importance of privacy. Any information you provide us will be kept in a group life and health benefits file. We limit access to personal information to authorized staff or persons authorized by HealthSource Plus who require it to perform their duties, to persons you have granted access, and to persons authorized by law. We use the information you provide us for the administration, eligibility and adjudication of your benefits under your plan. Your personal information may be subject to disclosure to those authorized under applicable law within or outside Canada.