

Group Benefits Enrolment or

I certify plan member actively at work Actively at work plan member

*

*

7 Authorization and consent

I hereby

I understand

I certify

I acknowledge and agree

I understand

Please see reverse for assistance in completing this form.
Please send the completed form to your Plan Administrator.

Group Benefits Beneficiary Designation

All sections of this page should be completed as it will replace any prior designations.

1 Plan member
information

2 Primary beneficiary

3 Optional coverage
(if applicable)

4 Contingent beneficiary

5 Trustee appointment

I hereby

