



GROUP LIFE INSURANCE PLAN
ENROLMENT FORM/BENEFICIARY CHANGE FORM

ALL EMPLOYEES MUST COMPLETE PARTS A, B and C.
PART D WILL BE COMPLETED BY HUMAN RESOURCES

PART A GENERAL INFORMATION

Policy Number 50813		Last Name	First Name	Employee ID
Employee Group	Extension	Department	Date of Birth (MM/DD/YYYY)	Gender Male Female

PART B COVERAGE ELECTIONS

I apply for the benefits elected below as provided by the applicable policy. I authorize the university to deduct regularly from my pay any contributions required to be made under the Optional Life Plan. This election does not prevent me from applying for a change in group life coverage in the future. Such coverage will not become effective until such election form is received and approved by Sun Life.

Group Life Insurance Options

I understand that I will be enrolled in the basic group life plan offered by McMaster University and I elect the following options:

I waive the opportunity to increase my level of coverage under the Optional Life Plan.

I elect _____% of salary under the optional life plan, have completed the Sun Life Financial Statement of Health, **and have submitted the form directly to Sun Life Financial.** I understand that under the Optional Life Plan, coverage is subject to evidence of insurability And will not take effect until Sun Life notifies the University of your successful application.

Beneficiary Change Only.

PART C BENEFICIARY APPOINTMENT

For Life Insurance that becomes payable as a result of my death, I designate the following person(s) to be the beneficiary(ies):

Last Name	First Name And Initials	Relationship	Entitlement %

If you have not named a beneficiary, the benefit amount will be paid to your estate. You can change your beneficiary at any time, unless a law prevents you from doing so or you indicate the beneficiary is not to be changed.

I authorize McMaster University, Sun Life Financial; their agents and service providers to use and exchange the information collected in this form for the administration of Group Life Insurance (basic and optional coverage).

The information gathered on this form is collected under the authority of the *McMaster University Act, 1976*. The information is used for the academic, administrative, employment-related, financial and/or statistical purposes of the University including, but not limited to, admissions; registration and maintaining records; awards and scholarships; convocation; provision of student services, including access to information systems; alumni relations; and disclosure to or on behalf of the applicable McMaster student government. This information is protected and is being collected pursuant to section 39(2) and section 42 of the *Freedom of Information and Protection of Privacy Act* of Ontario (RSO 1990). Questions regarding the collection or use of this personal information should be directed to the University Secretary, Gilmour Hall, Room 210, McMaster University.

Employee Signature

Date

Please print and sign this form. This form does not have legal effect until Human Resources receives the signed form. You may either mail the original signed form to Human Resources or email a scanned version of the signed original to Human Resources.

PART D HUMAN RESOURCES VERIFICATION

Human Resources Signature

~ Entered into Mosaic

DATE STAMP