



One University. One World. Yours.

Human Resources Optional Spousal & Dependent Life Insurance Enrolment/Change Form

Employee Number: A _____

Name (please print): _____
First Last

Application for Optional Spousal & Dependant Life Insurance:

Optional Spousal & Dependant Life Insurance

SPOUSE \$5,000/DEPENDANT \$2,000

Effective date for coverage is the employee's date of hire as long as application for coverage is made within 31 days of date of hire. After 31 days, an employee must obtain appropriate forms from HR to apply for coverage, and effective date of coverage will be the date the benefit is approved by Manulife. Payroll deductions would commence at this time.

Cancellation of Optional Life Insurance:

Cancellation of Optional Spousal & Dependant Life Insurance

Please note – If at a later date you decide that you would like to resume participation in the optional life benefits, the carrier would require that you (as well as dependents, if applicable) provide medical evidence of insurability. Based on this medical information, the carrier would approve or deny benefit coverage.

I certify that all information contained hereon is correct and hereby authorize any required payroll deductions for optional life insurance benefits under my employer's program. I understand that my personal information will be kept confidential and secure.

EMPLOYEE'S SIGNATURE

DATE

OFFICE USE ONLY

Effective date (DD/MM/YY): _____

PDADEDN Date: _____

HR Authorization: _____

Payroll Initial: _____

Details: _____
