PUBLIC EDUCATION BENEFITS TRUST

Optional Accidental Death and Dismemberment Application

Please complete this form should you wish to apply for Optional Accidental Death and Dismemberment coverage and return it to your Benefits Administrator. The effective date of coverage is the date that you sign this application form.

Part 1: Employee & Basic Insurance Information

Employee's Last Name	First Name	Initial	Gender M F	District #

SIN	District ID Number	Birthdate (mm/dd/yyyy)	Employee's Occupation/Position

Street Address	City	Province	Postal Code

Amount of Principal Sum (Coverage is available in units of $10,000 to a maximum of $500,000)	Type of Plan
$	Employee Only Family Plan

Part 2: Beneficiary Designation

Complete the following section to appoint a beneficiary for any benefits payable on your death.

Beneficiary - Last Name	First Name	Initial	Share of Proceeds %	Relationship	Name of Trustee for Beneficiaries Under 18
			%		
			%		
			%		

I hereby apply for Optional Accidental Death and Dismemberment insurance through the PEBT Benefits Program and authorize any required payroll deductions. I consent to the use of my Social Insurance Number by any insurer or administrator of this plan for record keeping, file identification and reporting purposes. I reserve the right to change my beneficiary designations at any time. I understand that if I choose Family coverage that I am the beneficiary of my Insured Spouse and Dependent Children. I confirm that the information I have provided is true and complete.

I understand that on the date my insurance becomes effective I must be actively at work. I also understand that on the date the insurance of my dependent(s) becomes effective that they cannot be confined to home or hospital.

Employee Signature _____ Date Signed (mm/dd/yyyy) _____