

**BRITISH COLUMBIA
PUBLIC SCHOOL EMPLOYERS'
ASSOCIATION**

Application for Optional AD&D Insurance

Complete this form and return it to your plan administrator. No proof of insurability is required.

Note that the employee is automatically the beneficiary of any insurance covering a spouse or child under the family plan.

Employer

Employee Name

Address

Town/City

Province of residence

SIN

Birthdate

DD/MM/YY

Gender

M

F

A Present amount of optional AD & D

\$ _____

B Additional amount being applied for

\$ _____

Total A and B

\$ _____

Optional AD & D Plan

Single

Family

Beneficiary Name (Last / First / Initial)	Share of proceeds	Relationship	Name of Trustee for Beneficiaries under 18

I hereby apply for optional AD & D insurance under my employer's group insurance plan and authorize required payroll deductions.

Signature

Date Signed
DD/MM/YY