



# Instructions on how to complete the Basic Life Insurance Plan Beneficiary Designation / Change of Beneficiary form

This form is to be completed by the enrolling employee or retiree.

The Basic Life Insurance Plan Beneficiary Designation / Change of Beneficiary form allows you to designate a beneficiary, or beneficiaries, for your Basic Life Insurance. All eligible employees and participating retirees are required to properly and adequately designate a beneficiary on this form.

## Notes:

- Complete this form in ink.
- Initial any changes or alterations to the designation, no matter how small.
- Correction fluid or tape (white out) cannot be used and will not be accepted.

The form is divided into eight easy-to-complete sections.

## Status of employee (one box must be checked)

- Indicate whether you are an active employee **or** a retired employee in receipt of an immediate pension under the defined benefit component **or** an eligible retired employee under the defined contribution component.

## Type of transaction (one box must be checked)

- Indicate whether the transaction is an Enrollment, Amendment, Change of beneficiary **or** Change of employee name.

## Section A – Employee / Retiree Information (must be legible)

- **Name:** Enter your full name (surname, first name and initials)
- **Employee ID number:** Enter your employee ID number
- **Gender:** Enter your gender
- **Date of birth:** Enter your date of birth (yyyy/mm/dd)
- **Address:** Enter your current mailing address (street, city, province, postal code, country)
- **Telephone number:** Enter your current home telephone number, including the area code

## Section B – Coverage Options – Retiree only (one box must be checked)

This section is to be completed by a retired employee only. As a retired employee, you have three coverage options:

- Indicate whether, on your retirement date, you want to continue receiving the **full amount of coverage** (2 times the salary on the retirement date, to be reduced by 10% per year following your 66th birthday), **OR**
- To reduce your coverage to **flat \$10,000 of coverage** : when you reach age 65, you will no longer have to pay premiums because Canada Post will continue this \$10,000 coverage for you at no charge, **OR**
- **Decline coverage:** If you decline coverage, you must complete Section E.

### Section C – Beneficiary Designation / Change of Beneficiary

Be sure to complete the items indicated below. Failure to complete this form completely and accurately will result in the form being considered invalid.

- **Name:** Enter beneficiary's full name (surname, first name and initials)
- **Relationship to employee:** Enter the beneficiary's relationship to you (ex., wife, husband, spouse, partner, son, daughter, parent, friend)
- **Address:** Enter beneficiary's current mailing address (street, city, province, postal code, country)
- **Telephone number:** Enter beneficiary's current home telephone number, including the area code
- **% of benefit:** Enter the percentage of the benefit that each beneficiary is to receive. The total of the designated percentages must equal 100 percent, without fractions or decimals.
  - ex.: Beneficiary #1 at 50% plus Beneficiary #2 at 25% and Beneficiary #3 at 25% for a total of 100%
  - ex.: Beneficiary #1 at 34% plus Beneficiary #2 at 33% and Beneficiary #3 at 33% for a total of 100%
- Where Quebec law applies: In Quebec, a designation to a spousal beneficiary (whether married or civil union spouse) is irrevocable unless you make the designation revocable. **If you are a resident of Quebec**, indicate whether your beneficiary designation is revocable by checking the box indicating **REVOCABLE**.

### Section D – Trustee / Administrator Clause

To designate a minor child as your beneficiary, you must designate a trustee in all provinces except Quebec. Enter the trustee's name, relationship to you, address and telephone number, including area code.

### Section E – Cancellation of Insurance – Retiree only

This section is to be completed by a retired employee only if they chose to Decline Coverage in Section B above.

**Important note:** Once the coverage is cancelled, the retiree cannot rejoin the Plan at a later date.

- **Retiree's signature:** You (the retiree) must sign in the retiree's signature space
- **Date:** Enter the year, month and day you sign the form
- Witness: not required

### Section F – Authorization and Protection of Personal Information

- **Employee's/Retiree's signature:** You (the employee or retiree) must sign in the Employee's/ Retiree's signature space
- **Date:** Enter the year, month and day that you sign the form
- Witness: not required

Employee	
Questions or forms requests:	<b>AccessHR</b> By phone: 1-877-807-9090 By email: accesshr@canadapost.ca
Original and completed forms to be sent to:	<b>ACCESSHR</b> <b>2701 RIVERSIDE DRIVE SUITE B0350</b> <b>OTTAWA ON K1A 0B1</b>

Retiree, Defined Benefit Component	
Questions or forms requests:	<b>Canada Post Pension Centre</b> By phone: 1-877-480-9220
Original and completed forms to be sent to:	<b>CANADA POST PENSION CENTRE</b> <b>PO BOX 6300 STN B</b> <b>MISSISSAUGA ON L4Y 0H1</b>