



# Group Benefits

## Application for Optional Life Insurance for Plan Member (only)

### NON-EVIDENCE - OPTIONAL LIFE INSURANCE FOR \$20,000

(Available to new salaried employees, if applied for within 31 days of hire)

PLEASE RETURN FORM TO EMPLOYEE SERVICES

Plan Sponsor **SOUTHERN ALBERTA INSTITUTE OF TECHNOLOGY**

Plan Contract **31967**

Plan Member	_____	_____	Date of Hire	_____
	First Name	Last Name		

Member Cert	_____	(SAIT ID Number, without the zeros)
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### Beneficiary Designation

If a beneficiary is not assigned, "ESTATE" will be assigned.

I hereby revoke any previous beneficiary designation to my foregoing coverages, and designate the person(s) named below

<b>Name of Beneficiary</b>	_____	_____	_____	_____
	Last, First and Middle Initial	(Relationship to Member)	Date of Birth	Percentage

<b>Additional Beneficiary</b>	_____	_____	_____	_____
	Last, First and Middle Initial	(Relationship to Member)	Date of Birth	Percentage

<b>Additional Beneficiary</b>	_____	_____	_____	_____
	Last, First and Middle Initial	(Relationship to Member)	Date of Birth	Percentage

<b>Name of Beneficiary</b>	_____	_____	_____	_____
	Last, First and Middle Initial	(Relationship to Member)	Date of Birth	Percentage

(Percentages must total 100%)

### Contingent Beneficiary

You may wish to designate a contingent beneficiary(ies) to receive any proceeds under this group policy if all of the primary beneficiary(ies) named above should die before you. In that event, a contingent beneficiary will automatically be entitled to the benefit that would have been payable to the primary beneficiary(ies). If you name more than one contingent beneficiary, then the proceeds will be split, evenly, amongst the contingent beneficiaries you choose to name. Should there not be any surviving beneficiaries at the time of your death, the proceeds will be paid to your estate.

_____	_____	_____
Last, First and Middle Initial	(Relationship to Member)	Date of Birth

_____	_____	_____
Last, First and Middle Initial	(Relationship to Member)	Date of Birth

### Trustee

I appoint \_\_\_\_\_ as Trustee to receive any amount due to any beneficiary under the age of 18.

For Quebec residents only, the designation of your spouse as beneficiary is irrevocable unless otherwise specified, If the spouse is beneficiary, designation Revocable / Irrevocable (circle as appropriate).

Note: if the beneficiary is shown as irrevocable, his/her consent is required to change it. Include a signed and dated consent with this form.

You are responsible for ensuring the validity of your designation.

**\*\*Please print, sign and scan this document to be uploaded in the new hire form\*\***

### Plan Member's Signature

_____	_____
(Signature)	(Date)

Please check one:

Smoker	Non-Smoker
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Due to the legal significance of a beneficiary appointment this designation must be signed and dated to be valid. A copy, fax, scan or image of the beneficiary designation in this form is as valid as the original.

Table of Premiums for \$20,000 of Optional Life Insurance (semi-monthly rates)				
Age Band	MALE		FEMALE	
	Non-Smoker	Smoker	Non-Smoker	Smoker
< 30	\$0.40	\$0.80	\$0.23	\$0.39
30 - 34	\$0.42	\$0.84	\$0.32	\$0.53
35 - 39	\$0.49	\$0.98	\$0.43	\$0.72
40 - 44	\$0.84	\$1.65	\$0.66	\$1.08
45 - 49	\$1.52	\$2.95	\$1.07	\$1.70
50 - 54	\$2.71	\$4.69	\$1.73	\$2.65
55 - 59	\$4.46	\$7.70	\$2.86	\$4.24
60 - 64	\$6.46	\$11.05	\$4.12	\$5.93
65 - 69	\$9.81	\$15.89	\$5.29	\$7.51

Premiums effective July 1, 2019. Subject to change