

# BENEFITS CHANGE FORM

Please print clearly. Complete the form in ink, sign and date the form and return to your plan administrator for processing.

## INSTRUCTIONS

- Member:
1. Complete sections 1 through 3 if applicable.
  2. Sign and date the form (section 4).
  3. Send original signed form to Coughlin & Associates Ltd. for processing.

Mail to:  
Coughlin & Associates Ltd.  
PO Box 3517 Station C  
Ottawa, ON K1Y 4H5

## 1. PLAN MEMBER INFORMATION

Policy: 87032G		ID number	
Member last name		Member first name	
Mailing address		City	Province
Email address		Primary telephone	Postal code
Marital status <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Common-law <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Married		Spouse's last name	Spouse's first name
		Spouse's initial	

## 2. TERMINATION OF COVERAGE

I hereby request that the following optional life insurance be cancelled:

- Member
- Spouse (name): \_\_\_\_\_
- Child (name): \_\_\_\_\_

## 3. REDUCTION OF COVERAGE

Decrease coverage amount for the following:

- |  |  |
|--|--|
| <input type="checkbox"/> <b>Member</b> (Check only one of the following choices) | <input type="checkbox"/> <b>Spouse</b> (Check only one of the following choices) |
| <input type="checkbox"/> \$25,000 <input type="checkbox"/> \$150,000             | <input type="checkbox"/> \$25,000 <input type="checkbox"/> \$150,000             |
| <input type="checkbox"/> \$50,000 <input type="checkbox"/> \$175,000             | <input type="checkbox"/> \$50,000 <input type="checkbox"/> \$175,000             |
| <input type="checkbox"/> \$75,000 <input type="checkbox"/> \$200,000             | <input type="checkbox"/> \$75,000 <input type="checkbox"/> \$200,000             |
| <input type="checkbox"/> \$100,000 <input type="checkbox"/> \$225,000            | <input type="checkbox"/> \$100,000 <input type="checkbox"/> \$225,000            |
| <input type="checkbox"/> \$125,000   | <input type="checkbox"/> \$125,000   |

Please note that all changes requested above will become effective on the 1<sup>st</sup> of the month following receipt of a signed form.

## 4. AGREEMENT AND AUTHORIZATION TO COLLECT, USE, AND DISCLOSE PERSONAL INFORMATION

**Agreement and Authorization.** By signing this form:

1. You are applying for coverage under the plan sponsor's group insurance plan ("Plan"), and you authorize the required deductions from your salary or wages for any contribution you must make toward the cost of the benefits for which you are enrolled, if any, in accordance with the provisions of the Plan.
2. You authorize us, Coughlin & Associates Ltd. ("Plan Administrator"), a People Corporation company, to use and disclose the information you provide in this form as described below. You also agree to notify us immediately of any changes to the information you provide in this form.
3. You certify that the information you have provided is true, correct, and complete to the best of your knowledge and you certify that, if you have provided information about a spouse, dependant child, beneficiary, or trustee, you are authorized to provide such information and have obtained such consents as are required for us to use and disclose such information as set out herein. You agree that a photocopy or electronic copy of your signed form is as valid as the original.

**Use of personal information.**

1. We use and disclose your plan member information to:
  - (a) Determine your, your spouse's, and your dependant children's eligibility for benefits under the Plan, arrange for your benefits under the Plan, administer the Plan and your participation in the Plan, audit, manage, and assess the Plan and your benefit claims, investigate your claims, pay benefits to you, and comply with regulatory requirements, and for analytical purposes.
  - (b) Verify your identity and conduct searches to locate you, or your beneficiaries.
  - (c) Respond to questions about the Plan and benefits under the Plan.
2. We use and disclose personal information and, if applicable, personal health information for actuarial valuation of the Plan and benefits, to determine eligibility of dependant children for benefits, and when necessary to verify identity.

If you are required to participate in the Plan, you may not withdraw your consent for this use and disclosure of personal information for mandatory benefits. If you withdraw your consent for any optional benefits, then you may no longer be enrolled for those benefits.

**Use of optional personal information.** If you provide any of the information described below, you may withdraw your consent for us to use and disclose this information by sending your request in writing to the Plan Administrator or our Privacy Officer using the contact information below.

1. If you provide beneficiary information, any benefits paid on your death that are not required to be paid to your spouse, will be paid to the specified beneficiaries. If you do not provide the beneficiary information, the death benefits will be paid to your estate.
2. If you designate a beneficiary who is under the age of 18, and this beneficiary becomes entitled to receive a benefit under the Plan upon your death, then we will pay this benefit in trust to the trustee you identify.
3. If you provide your banking information as related to any optional life insurance coverage, such information will be used to pay for the premiums associated with such coverage.

**Disclosing personal information.** The information provided in this form may be disclosed, when necessary, to:

1. Our and our affiliates' employees, contractors, and professional advisors who require the information to perform their duties related to the uses of personal information described above.
2. Service providers we retain to assist us with our obligations related to the Plan, which may include security of information, data processing, claim processing, fraud monitoring, backup and programming, mailing, and people locating. Service providers may be located within or outside of Canada and the information may be subject to disclosure to government authorities.
3. Persons you authorize to access this information.
4. Persons legally authorized to view this information.
5. The financial institution(s) related to your banking information, government agencies, actuaries, insurance companies and their reinsurers and service providers, your employer, Plan trustees and union, and auditors.

**Optional Communications**

- By checking this box, you consent to receive electronic communications about our other products and services or products and services of our affiliates and service providers.

Member signature	Date (yyyy/mm/dd)
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**Protecting your personal information.** We recognize and respect your right to privacy. When personal information is provided to us, we establish a confidential file that is kept in our facilities or in the facilities of an organization that we authorize. We limit access to information in your file to our personnel or other persons we authorize, who require the information to perform their duties with respect to the Plan, to persons to whom you have granted access, and to persons authorized by law. If you require more detail about how we protect your personal information or the other persons to whom we disclose your personal information, you may access our Privacy Policy at <https://www.peoplecorporation.com/privacy/> or contact our privacy officer by mail sent to Coughlin & Associates Ltd., 1403 Kenaston Blvd., Winnipeg, MB, R3P 2T5, or by email sent to [privacy.officer@peoplecorporation.com](mailto:privacy.officer@peoplecorporation.com).