

PUBLIC SERVICE GROUP INSURANCE FUND LIFE INSURANCE RETIREMENT NOTICE

To be completed in full by Department and forwarded to the Board Office as soon as final contribution deductions are made. PLEASE ENSURE THAT FORM 8001 (OR FORMS 7425 AND 3965) AND ALL APPLICABLE CHANGE FORMS ARE ATTACHED.

PLEASE PRINT OR TYPE

a) Name of Employee _____ (Last Name) _____ (Given Names in Full) b) Employee Number _____

c) Date Entered Insurance Plan _____ d) Social Insurance Number _____

e) Date of Retirement _____ f) Type of Retirement _____ (Normal/Early/Disability)

g) Retirement Due To Ill Health _____ / _____ h) Annual Salary That Insurance At Retirement is Based On \$ _____
Yes/No

i) Insurance Class At Retirement _____ j) Insurance At Retirement (Before Age Reduction) \$ _____

k) Age Reduction (Based on Employee's Birthdate) _____ l) Insurance At Retirement Date (h x k) \$ _____

m) Dependents Units _____ n) Spouse's Date of Birth _____

o) The Department has deducted a final contribution of \$ _____ and \$ _____ on the _____ payroll of _____
Life Insurance Dependents Ins. Bi-Weekly/Monthly

_____ to _____ to provide insurance to _____
Date Date Date

Authorized Signing Officer Date

Board or Commission Department

Mail to: Civil Service Superannuation Board
1200-444 St. Mary Ave
Winnipeg MB R3C 3T1

FOR USE OF CIVIL SERVICE SUPERANNUATION BOARD

A. LIFE INSURANCE - Normal Monthly Deduction:

Classes 1-4 _____ @ \$.23 = \$ _____

Class 5 _____ @ \$.23 = \$ _____

Contribution Adjustment (_____ to _____) = \$ _____

B. DEPENDENTS' INSURANCE

Normal Monthly Deduction: \$3.48 per Unit = \$ _____

Contribution Adjustment (_____ to _____) = \$ _____

C. BENEFICIARY AT RETIREMENT _____