

Date: _____

To:
The Civil Service Superannuation Board
1200-444 St. Mary Avenue
Winnipeg MB R3C 3T1
Ph. 946-3200

From: _____
Department: _____
Address: _____
Phone Number: _____
Contact Person: _____

Subject: **INSURANCE WAIVER APPLICATION - Policies 330780 / 330785**

EMPLOYEE:

Last Name: _____ Given Names in Full: _____
Date of Birth: _____ Date of Termination/Retirement: _____
Employee Number: _____ Social Insurance Number: _____

INSURANCE DATA:

- a) Annual Salary Insurance Based on (rounded to nearest dollar): \$ _____
- b) Class Selected (1 through 5): _____
- c) Age Reduction Factor (see Life Insurance brochure): _____
- d) Insurance in Force (lesser of (a x b) or (a x c)): \$ _____ (maximum \$1,000,000)
- e) Dependents Insurance Units: _____
- f) Spouse's Date of Birth: _____

We enclose the following forms:

- ___ Group Life Insurance and Dependents Insurance Appointment and Election Statement, Form 8001
OR Form 7425 (old card) and Form MG3965 (old card)
- ___ Statement of Attending Physician, Form 930K
- ___ Statement of Policyholder, Form 930K
- ___ Statement of Claimant, Form 930K
- ___ Birth Certificate
- ___ Other (please specify): _____

Last Contribution (Group Life Insurance): \$ _____

Last Contribution (Dependents Insurance): \$ _____

Bi-weekly Salary Deduction based on: \$ _____

Deducted on (payroll date): _____ Insurance Provided to (date): _____

Authorized Signing Officer