

Date: _____

From: _____
Department: _____
Address: _____

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

Phone Number: _____
Contact Person: _____

Subject: **REQUEST FOR DEPENDENTS INSURANCE OR AN INCREASED NUMBER OF UNITS - Policy G.3105**

EMPLOYEE:

Last Name: _____ Given Names in Full: _____

Employee Number: _____ Social Insurance Number: _____

INSURANCE DATA:

a) Current Number of Units (0 through 4): _____

b) Number of Units Requested (1 through 4): _____

NOTE: Requests for employees who did not previously have insurance, or increases in the number of Units, are subject to approval by the Insurance Company.

We enclose the following forms:

___ Group Life Insurance and Dependents Insurance Appointment and Election Statement, Form 8001 OR Form MG3965 (old card)

___ Application For Dependents' Coverage, Form M6622 (12/04)

___ Application for Changes to Dependents Insurance, Form 8002

Authorized Signing Officer