

Date: _____

From: _____
Department: _____
Address: _____

Phone Number: _____
Contact Person: _____

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

Subject: REQUEST FOR A HIGHER LIFE INSURANCE CLASS - Policy G.2750

EMPLOYEE:

Last Name: _____ Given Names in Full: _____

Employee Number: _____ Social Insurance Number: _____

INSURANCE DATA:

a) Current Annual Salary (rounded to nearest dollar): \$ _____

b) Current Class (1 through 4): _____

c) Current Insurance in Force (maximum \$1,000,000): \$ _____

d) New Class Requested (2 through 5): _____

e) New Insurance (if approved): \$ _____

Note: The higher insurance Class and insurance (as indicated above) 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 7425 (old card)

___ Statement of Health for Group Insurance, Form M6621 (12/04)

___ Application for Changes in Life Insurance, Form 8003

Authorized Signing Officer