

# Instructions on how to complete the Basic Life Insurance Plan Beneficiary Designation / Change of Beneficiary form

This form is to be completed by the enrolling employee or retiree.

The Basic Life Insurance Plan Beneficiary Designation / Change of Beneficiary form allows you to designate a beneficiary, or beneficiaries, for your Basic Life Insurance. All eligible employees and participating retirees are required to properly and adequately designate a beneficiary on this form.

## Notes:

- Complete this form in ink.
- Initial any changes or alterations to the designation, no matter how small.
- Correction fluid or tape (white out) cannot be used and will not be accepted.

The form is divided into nine easy-to-complete sections.

## Status of employee (one box must be checked)

- Indicate whether you are an active employee or a retired employee in receipt of an immediate pension.

## Type of transaction (one box must be checked)

- Indicate whether the transaction is an Enrollment, Amendment, Change of beneficiary or Change of employee name.

## Section A – Employee / Retiree Information (must be legible)

- **Name:** Enter your full name (surname, first name and initials)
- **Employee ID number:** Enter your employee ID number
- **Gender:** Enter your gender
- **Date of birth:** Enter your date of birth (yyyy/mm/dd)
- **Address:** Enter your current mailing address (street, city, province, postal code, country)
- **Telephone number:** Enter your current home telephone number, including the area code

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## Section B – Coverage Options – Retiree only (one box must be checked)

This section is to be completed by a retired employee only.

- Indicate whether, on your retirement date, you want to continue receiving the full amount of coverage (2 times the salary on the retirement date, to be reduced by 10% per year following your 66<sup>th</sup> birthday).
- To reduce your coverage to the **flat \$10,000** of coverage (if you select this option), complete the Canada Post Paid Death Benefit – Age 65 and Up form, regardless of your age. Canada Post will store this form, and when you reach age 65, you will no longer have to pay premiums because Canada Post will continue this \$10,000 coverage for you at no charge.
- Decline coverage: If you decline coverage, you must complete Section E.

## Section C – Beneficiary Designation / Change of Beneficiary

Be sure to complete the items indicated below. Failure to complete this form completely and accurately will result in the payment being automatically defaulted to your estate.

- **Name:** Enter beneficiary's full name (surname, first name and initials)
- **Relationship to employee:** Enter the beneficiary's relationship to you (ex., wife, husband, spouse, partner, son, daughter, parent, friend)
- **Address:** Enter beneficiary's current mailing address (street, city, province, postal code, country)
- **Telephone number:** Enter beneficiary's current home telephone number, including the area code
- **% of benefit:** Enter the percentage of the benefit that each beneficiary is to receive. The total of the designated percentages must equal 100 percent, without fractions or decimals.
  - ex.: Beneficiary #1 at 50% plus Beneficiary #2 at 25% and Beneficiary #3 at 25% for a total of 100%
  - ex.: Beneficiary #1 at 34% plus Beneficiary #2 at 33% and Beneficiary #3 at 33% for a total of 100%
- **Where Quebec law applies:** In Quebec, a designation to a spousal beneficiary (whether married or civil union spouse) is irrevocable unless you make the designation revocable. If you are a resident of Quebec, indicate whether your beneficiary designation is revocable by checking the box indicating REVOCABLE.

## Section D – Trustee / Administrator Clause

To designate a minor child as your beneficiary, you must designate a trustee in all provinces except Quebec. Enter the trustee's name, relationship to you, address and telephone number, including area code.

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### **Section E – Cancellation of Insurance – Retiree only**

This section is to be completed by a retired employee only if they chose to Decline Coverage in Section B above.

**Important note:** Once the coverage is cancelled, the retiree **cannot** rejoin the Plan at a later date.

- **Retiree's signature:** You (the retiree) must sign in the retiree's signature space
- **Date:** Enter the year, month and day you sign the form
- **Witness:** no longer required

### **Section F – Authorization and Protection of Personal Information**

- **Employee's/Retiree's signature:** You (the employee or retiree) must sign in the Employee's/Retiree's signature space
- **Date:** Enter the year, month and day that you sign the form
- **Witness:** no longer required

### **Section G – Office use only**

This section is for completion by the Canada Post AccessHR Office. Please return this form to AccessHR. Your beneficiary designation will become effective on the date that AccessHR receives the correctly completed form.

If you have any questions, please contact AccessHR at **1-877-807-9090** or by mail:

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