

**Healthcare Benefit Trust Policy#16277
 Joint Community Benefits Trust Policy #168689
 Joint Facilities Benefits Trust Policy #168688
 Joint Health Science Benefits Trust Policy #168687**

**APPOINTMENT/CHANGE OF BENEFICIARY
 FOR GROUP LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT**

Original Appointment
 Change

Benefits Identification Number _____

Name of Employee _____

Date of Birth _____

Sex

Male Female

Surname, Given Names _____

Day Month Year

Date of Employment _____

Effective Date of Coverage _____

Name of Employee Group and Class Code _____

Day Month Year

Day Month Year

I appoint as my beneficiary of the benefit payable in the event of my death:

Surname, Given Names	Relationship to Employee	% of distribution	Beneficiary Type

if living, otherwise my Estate. I reserve the right to change this appointment.

Use of Personal Information to Administer the Benefit Plan (Group Life, Accidental Death & Dismemberment and Long Term Disability): I agree that I participate in a benefit plan provided by one of the health and welfare trusts listed above (referred to in this authorization as the "Trust"). I authorize that Trust and the agents of that Trust (which agents may include the Healthcare Benefit Trust) to collect, use and exchange my personal information when necessary to determine my eligibility for, and to administer the benefit plan provided through that Trust. I understand that the Trust uses my Social Insurance Number to create a Benefits Identification Number that is unique to me and that it is used to identify me and to administer my benefits.

*if you require confirmation of which trust applies to you, contact your union or your employer.

 Employee's Signature

Date Signed by Employee _____
 Day Month Year

**Submit the original completed form to your employer.
 Remember to review your beneficiary designation periodically.
 To change your beneficiary designation, complete a new Appointment/Change of Beneficiary form.**

_____	Date Coverage Is Terminated _____
Employer	Day Month Year
Note to Employer: Retain the completed form(s) on file for seven (7) years.	

How to Complete the Appointment of Beneficiary Form

1. Complete your personal information

- Name of Employee
- Date of Birth
- Sex/Gender

2. Complete your beneficiary information

- You must give full legal names, legal surnames and indicate the relationship to yourself for all designated beneficiaries.
- You must indicate percentage of distribution if more than one primary beneficiary is named. Percentage of distribution must add up to 100%.
- You must indicate beneficiary type. See definitions of beneficiary type on the back of the Appointment of Change/Beneficiary form
- If naming a Trustee for a minor child (in British Columbia this is a child under 19 years of age) the name of the trustee must be indicated (You must indicate the name of the minor child as well as the name of the appointed trustee on the beneficiary form.)

3. Print the form

4. Sign and date the form

5. Send the original completed, signed and dated form to Employee Records and Benefits

- Mail: attention: Employee Records and Benefits 1795 Willingdon Avenue Burnaby, BC V5C 6E3.

Frequently Asked Questions:

- ***How often can I change/update my beneficiary form?***

You may update your form at any time and as often as you like. To receive a new form e Form, contact Employee Records and Benefits at EmployeeRBSupport@phsa.ca or at 604-297-8683.

- ***What if I make a mistake filling out my form?***

Mistakes may be corrected by crossing out the mistake or with correction tape as long as it is initialed by the employee. Alternatively, a new form can be completed.

- ***What if I've named more than one primary beneficiary but neglected to indicate percentage amount? Is there a limit as to how many beneficiaries I can name?***

Group Life benefit payout will be divided equally between all named primary beneficiaries. There is no limit to the number of beneficiaries you can name.

- ***What if a trustee is not named for my Minor Child who I've appointed as a beneficiary?***

If a trustee is not named for a beneficiary who is a minor child, the proceeds would be paid to the Public Guardian and Trustee to be held in trust for the named beneficiary.

- ***What happens if I die and I did not return the form to my employer?***

Group Life benefit payout will be made to the estate of the deceased employee.

- ***What is Dependent Life and who is eligible?***

Dependent life benefits is paid to you in the event of the death of your spouse or dependent child(ren) from any cause. For more information on Dependent Life eligibility and coverage, please refer to your Benefits Booklet

BENEFICIARY TYPES

Primary	Person(s) to receive the death benefits upon the death of the employee
Contingent	Person(s) to receive death benefits upon the death of the employee and primary beneficiary(ies)
Estate	
Trustee of minor children	Any payment becoming due during their minority to be paid to John Smith, as Trustee. Payment to said Trustee shall discharge the insurance company and the Healthcare Benefit Trust

SAMPLE BENEFICIARY DESIGNATIONS FOR GROUP LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT

Beneficiary	Wording for Appointment of Beneficiary form
No named beneficiary	Estate
One beneficiary	Martha Doe, wife
Two beneficiaries in succession	Martha Doe, wife, or in the event of her death, Richard Doe, son
Three or more beneficiaries in succession	Martha Doe, wife, or in the event of her death, Richard Doe, son, or in the event of his death, Jane Doe, daughter
Two beneficiaries in equal shares	Jane Doe and Mary Doe, children, in equal shares, or the survivor of them
Three or more beneficiaries in equal shares	Jane Doe, Mary Doe, and Richard Doe, children, in equal shares or the survivors of them, in equal shares, or the survivor of them
One beneficiary followed by two beneficiaries in equal shares	Martha Doe, wife, or in the event of her death, Jane Doe and Mary Doe, children, in equal shares, or the survivor of them
One beneficiary followed by three or more beneficiaries in equal shares	Martha Doe, wife, or in the event of her death, Jane Doe, Mary Doe, and Richard Doe, children, in equal shares or the survivors of them, in equal shares or the survivor of them
Wife or unnamed children	Martha Doe, wife, or in the event of her death, children, if any*, in equal shares or the survivors of them, in equal shares, or the survivor of them * If desired add here - "born of the marriage of the life insured to the said Martha Doe".
Unnamed children	Children, if any*, in equal shares or the survivors of them, in equal shares, or the survivor of them * If desired add here - "born of the marriage of the life insured to _____".
Estate	Estate
Trustee for minor children	Mary and Joe Doe, children in equal shares. Any payment becoming due during their minority to be paid to John Smith, as Trustee. Payment to said Trustee shall discharge the insurance company and the Healthcare Benefit Trust.
Institution (e.g. church or charity)	"XYZ Agency", charitable institution, address. Note: It is important that you first contact the institution to obtain the correct name, chapter/location (if applicable) and address.