

## Application for Optional AD&D Insurance

Complete this form and return it to your plan administrator. No proof of insurability is required.

*Note that the employee is automatically the beneficiary of any insurance covering a spouse or child under the family plan.*

Employer

Employee Name

Address

Town/City

Province of residence

SIN

Birthdate

*DD/MM/YY*

Gender

A Present amount of optional AD & D

\$ \_\_\_\_\_

B Additional amount being applied for

\$ \_\_\_\_\_

Total A and B

\$ \_\_\_\_\_

Optional AD & D Plan

Single       Family

Beneficiary Name (Last / First / Initial)	Share of proceeds	Relationship	Name of Trustee for Beneficiaries under 18

*I hereby apply for optional AD & D insurance under my employer's group insurance plan and authorize required payroll deductions.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Signed  
*DD/MM/YY*