



ONTARIO TEACHERS INSURANCE PLAN
 125 Northfield Drive West
 PO Box 218
 Waterloo ON N2J 3Z9
 Phone: 1.866.783.6847

Basic Life and Basic Optional Life Insurance Change Form



Please print clearly in INK. Once you have completed this form and attached any additional required documentation, please mail the original form to OTIP Benefits Services. If you have any questions, please call OTIP Benefits Services at 1-866-783-6847.

Basic Personal Information (Must be completed)

Please contact the Peel District School Board for all name and address changes.

Name (Last, First and Middle Initial)		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Address (Number, Street and Apt.)			
City		Prov.	Postal Code
Home Telephone Number ()		Work Telephone Number ()	
E-mail Address		Employee Number	
Policy Number 49723	Certificate Number (found on your benefits card)	Date of Birth (mm/dd/yyyy)	Date of Hire (mm/dd/yyyy)

Reason for Change (Must be completed)

Reason for Change: _____
 (e.g., birth or adoption of a child, change in marital status, eligibility for common-law status, change in FTE status, etc.)

Date Change Occurred: (mm/dd/yyyy) _____

Please note: for common-law status, indicate the date you started living together.

This form must be completed and signed within 31 days of the date the change occurred to prevent the member and his or her dependant(s) from being subject to late entrant requirements (e.g., medical approval and associated costs, decrease in coverage for the first year).

Life Insurance Coverage Change

Please indicate your desired level of basic life insurance and basic optional life insurance coverage. Please only complete this section if you are changing your life insurance coverage within 31 days of a life event (e.g., change in FTE status, birth or adoption of a child, change in marital status, etc.)

Hired on or before June 27, 2007	
Basic Life Fully-Funded Benefit*	Basic Optional Life Member-Paid Benefit*
<input type="checkbox"/> 1 x annual earnings	Basic optional life insurance is only available if you have selected 3x annual earnings for your basic life insurance coverage.
<input type="checkbox"/> 3 x annual earnings	<input type="checkbox"/> 1 x annual earnings
	<input type="checkbox"/> 2 x annual earnings
Hired on or after September 1, 2007	
Basic Life Fully-Funded Benefit*	Basic Optional Life Member-Paid Benefit*
<input type="checkbox"/> 1 x annual earnings	Basic optional life insurance is only available if you have selected 2x annual earnings for your basic life insurance coverage.
<input type="checkbox"/> 2 x annual earnings	<input type="checkbox"/> 1 x annual earnings
	<input type="checkbox"/> 2 x annual earnings
	<input type="checkbox"/> 3 x annual earnings

* Your basic life insurance is fully paid for by PETL. Basic optional life insurance is member-funded. Premium for your basic optional life insurance will be deducted from your bi-weekly pay.

Designation of Beneficiary If more space is required, please complete a second form and attach.

	Beneficiary's Last Name	First Name	Initial	Relationship	Percentage
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____

Under the laws of Quebec, any designation of a spouse as a beneficiary is irrevocable unless stipulated to be revocable.

I hereby declare and stipulate that the beneficiary designation(s) made on this form is (are) revocable.

Note: If you designate a minor child as the beneficiary of your insurance proceeds, these proceeds will be paid into court, unless a trustee is appointed to receive such benefits on behalf of such child.

Trustee Appointment (you may wish to consult a lawyer before appointing a Trustee):

I hereby appoint my _____, _____ as the Trustee to receive the Benefits on behalf of my minor beneficiary.
(Spouse, brother, etc.) (Name)

Contingent Beneficiary (alternate beneficiary, should your chosen beneficiary predecease you)

Last Name	First Name	Initial	Relationship
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Dated at _____ this _____ day of _____ 20 _____

Plan Member Signature X _____ **Plan Member Name - Please Print** _____

Agreement, Acknowledgement and Authorization

I hereby apply for benefits coverage outlined above and certify that the information disclosed herein is accurate and complete. I consent to such information being used for the purposes of understanding my needs, evaluating my eligibility for the plan, providing me with ongoing services, protecting us both against error and fraud and complying with various legal requirements. If applying for coverage for my spouse and/or dependants, I confirm that I am authorized to act on their behalf.

I authorize the Board to make payroll deductions, if applicable, and remit them to OTIP and/or OTIP to deduct premiums from my bank account and pre-authorization forms are completed. I authorize the use of my employee number for the administration of my benefits. I further authorize the plan administrator, OTIP, to act on my behalf in dealing with the insurance carrier of the existing policy or any successor policy concerning changes in insurance, notification of insured information and any other administrative matters. I understand this authorization terminates on the earlier of the change in my employment status with the Group/Board which affects my eligibility under the policy, or a termination of the insurance between the Group/Board and the plan administrator, OTIP.

Member's Signature X _____ **Date** (mm/dd/yyyy) _____