

# Group Benefits Enrolment or

I certify      plan member      actively at work      Actively at work      plan member

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**7 Authorization and consent**

I hereby

I understand

I certify

I acknowledge and agree

I understand

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Please see reverse for assistance in completing this form.  
Please send the completed form to your Plan Administrator.

## Group Benefits Beneficiary Designation

All sections of this page should be completed as it will replace any prior designations.

1 Plan member  
information

2 Primary beneficiary

3 Optional coverage  
(if applicable)

4 Contingent beneficiary

5 Trustee appointment

I hereby

