

**AUPE Accidental Death & Dismemberment Enrollment Card**

| EMPLOYER SECTION                      |                |
|---------------------------------------|----------------|
| Policy Number:<br>1CW45 (9218579)     | Division/Unit: |
| Employer:<br>UNIVERSITY OF LETHBRIDGE |                |

| EMPLOYEE SECTION   |  |                           |
|--|--|---------------------------|
| Last Name:   | First Name:  |                           |
| Amount of Principal Sum<br>Mandatory \$100,000 / Optional \$   | Date of Birth:   |                           |
| Check one plan<br><input type="checkbox"/> Employee only<br><input type="checkbox"/> Employee & Family   | Check one option<br><input type="checkbox"/> New insurance<br><input type="checkbox"/> Change in amount<br><input type="checkbox"/> Addition of Family Plan<br><input type="checkbox"/> Change of name<br><input type="checkbox"/> Change of beneficiary<br><input type="checkbox"/> Deletion of Family Plan |                           |
| NOTE: THE BENEFICIARY DESIGNATION IS REVOCABLE UNLESS OTHERWISE SPECIFIED. HOWEVER, FOR QUEBEC RESIDENTS THE <u>SPOUSAL BENEFICIARY</u> IS IRREVOCABLE UNLESS OTHERWISE SPECIFIED. |  |                           |
| Beneficiary Last Name:<br>See Life Insurance Form  | First Name:  | Relationship to Employee: |
| Is Spouse to be covered "Common Law"? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If Yes, please provide name.</i>   |  |                           |
| Spouse's Last Name:  | First Name:  |                           |

| AUTHORIZATION   |                  |
|---|------------------|
| <input type="checkbox"/> I authorize the deduction from my salary of the premiums for the optional AD&D portion.  |                  |
| <input type="checkbox"/> Mandatory \$100,000 AD&D portion.  |                  |
| Employee's Signature  | Date (DD/MM/YY): |
| POLICY COVERAGES, TERMS, CONDITIONS, AND EXCLUSIONS ARE SUMMARIZED IN THE CERTIFICATE WE SUGGEST THAT YOU KEEP THE CERTIFICATE WITH YOUR OTHER IMPORTANT DOCUMENTS FOR FUTURE REFERENCE. THE TERMS AND CONDITIONS GOVERNING THE INSURANCE ARE SET OUT IN THE GROUP POLICY WHICH IS ON FILE WITH THE EMPLOYER. |                  |